

# Chapter 4

## Interventions for mental health and psychotropic medicines

### At a glance

Almost half of the Australian population aged 16 to 85 will experience mental illness at some point in their life.

General practitioners prepared more than 950,000 mental health treatment plans in 2013–14.

The number of services for the preparation of treatment plans in the area with the highest rate was 21 times that of the area with the lowest rate, and 3.5 times when the highest and lowest areas were excluded.

The greatest variation was shown in dispensing of prescriptions for psychotropic medicines for children and young people 17 years and under. More than 500,000 prescriptions for attention deficit hyperactivity disorder (ADHD) medicines were dispensed in Australia in 2013–14. The number of prescriptions in the area with the highest rate was 75 times more than in the area with the lowest rate. New South Wales had the highest average rate of dispensing out of all the states and territories, and had eight of the 12 local areas with the highest rates. Variation in rates of dispensing of antidepressant medicines and antipsychotic medicines to children and young people also varied greatly. Some local areas in New South Wales and Queensland had high dispensing rates across the three medicines for people 17 years and under.

Overall, large numbers of antidepressant medicines were dispensed in Australia. In 2013–14, nearly 15 million Pharmaceutical Benefits Scheme (PBS) prescriptions for antidepressants were dispensed to people aged 18 to 64. In addition, more than 400,000 prescriptions were dispensed to children and young adults, and more than 6.5 million prescriptions were dispensed to people aged 65 and over. Considerable variation is seen from area to area in the dispensing rates for prescriptions for antidepressants.

High volumes of anxiolytic and antipsychotic prescriptions were also dispensed to Australian adults, with large variation from area to area. Rates were particularly high for people aged 65 and over, and warrant scrutiny, particularly given the variation in anticholinesterase medicines dispensed for this age group which is highlighted in Chapter 6.

More than 900,000 prescriptions for antipsychotic medicines were dispensed for people aged 65 and over. The number of prescriptions was seven times higher in the area with the highest rate compared to the area with the lowest rate, and nearly 2.5 times when the highest and lowest areas were excluded. High and inappropriate prescribing of antipsychotic medicines has been documented in older people.



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## Recommendations

- 4a. The Commission refers the atlas findings on dispensing of mental health and psychotropic medications to the National Mental Health Commission for its recommendations on psychotropic drug prescribing including:
- i. use of psychotropic drugs in people 17 years and under
  - ii. mechanisms for working with consumer groups to increase awareness of appropriate prescribing of antidepressant and anxiolytic medicines, as well as the benefits of non-pharmacological treatments.
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- 4b. Clinicians adhere to current guidelines for treating behavioural and psychological symptoms in people with dementia, in particular those on the use of non-pharmacological strategies, and only prescribing medicines with demonstrated efficacy when necessary. Pharmacological treatment should target only those symptoms or behaviours that respond to medicines.
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- 4c. The Australian Government Department of Health undertakes a national education campaign on the use of antipsychotic medicines for managing the behavioural and psychological symptoms of dementia. The campaign should ensure that clinicians and patients are aware that excessive or inappropriate use of antipsychotics in people aged 65 years and over has serious adverse effects.
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- 4d. National boards and the Australian Health Practitioner Regulation Agency consider what actions could be taken to ensure relevant registered health practitioners have up-to-date knowledge of prescribing guidelines for antipsychotic drugs.
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- 4e. The Australian Government Department of Health conducts an audit of antipsychotic medicines prescribing practices in the high outlier prescribing regions identified in the atlas findings.
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## Background

Almost half of Australian adults – nearly 7.3 million people aged 16 to 85 – will experience a mental illness at some point in their lifetime. In addition, almost 600,000 young people aged between four and 17 are affected by a clinically significant mental health problem each year.<sup>1</sup>

Mental illness significantly affects how a person thinks, behaves and interacts with other people.<sup>2</sup> It includes a wide range of conditions and disorders that vary in impact and severity. Mental illness results from complex interactions between the mind, body and environment.

Factors that can contribute to mental illness are:

- long-term and acute stress
- biological factors such as genetics, chemistry and hormones
- use of alcohol and other drugs and substances
- cognitive patterns such as constant negative thoughts and low self-esteem
- social factors such as isolation, financial problems, family breakdown or violence
- community stressors, such as natural disasters.<sup>3</sup>

These factors can be minimised by a strong and supportive community environment. Good mental health involves a sense of wellbeing, confidence and self-esteem. It enables us to fully enjoy and appreciate other people, our day-to-day life and environment, and cope with the normal stressors of life. Good mental health is not merely the absence of mental illness.

The effect of mental illness on individuals and families can be severe and its influence on society is far reaching.<sup>4</sup> The economic cost of mental ill health to Australia is enormous; all up, direct and indirect costs, lost productivity and related job turnover represent an estimated \$40 billion a year.<sup>1</sup>

In recent years, the dispensing of antidepressants, antipsychotics and attention deficit hyperactivity disorder medicines has increased in Australia.<sup>5,6</sup> General practitioners, psychiatrists and paediatricians can prescribe these medicines.

Mental health interventions include pharmacological and non-pharmacological types such as cognitive and behavioural therapies, as well as psychosocial support. Pharmacological and non-pharmacological interventions both have a role to play in managing mental illness.

## Chapter overview

This chapter includes:

- general practitioner mental health treatment plans
- antidepressant medicines dispensing 17 years and under
- antidepressant medicines dispensing 18–64 years
- antidepressant medicines dispensing 65 years and over
- anxiolytic medicines dispensing 18–64 years
- anxiolytic medicines dispensing 65 years and over
- antipsychotic medicines dispensing 17 years and under
- antipsychotic medicines dispensing 18–64 years
- antipsychotic medicines dispensing 65 years and over
- attention deficit hyperactivity disorder medicines dispensing 17 years and under.

## International comparisons

The variations apparent in Australian psychotropic medicine dispensing are similar to those reported in the United States and New Zealand; for example, the use of antipsychotic and anxiolytic medicines by adults in New Zealand increased with age.<sup>7</sup> In the United States, the Dartmouth Atlas reported substantial geographical variation in the dispensing of psychotropic medicines for children and people aged under 18.<sup>8</sup>

Of note is the sheer volume of antidepressant medicines dispensed in Australia. Nearly 15 million prescriptions for antidepressant medicines were dispensed for people aged 18 to 64. Australia ranks second only to Iceland using the international standard of comparison: defined daily dose (DDD) per 1,000 inhabitants per day (DDD/1,000/day).<sup>9</sup> For more detail, refer to figure 62.

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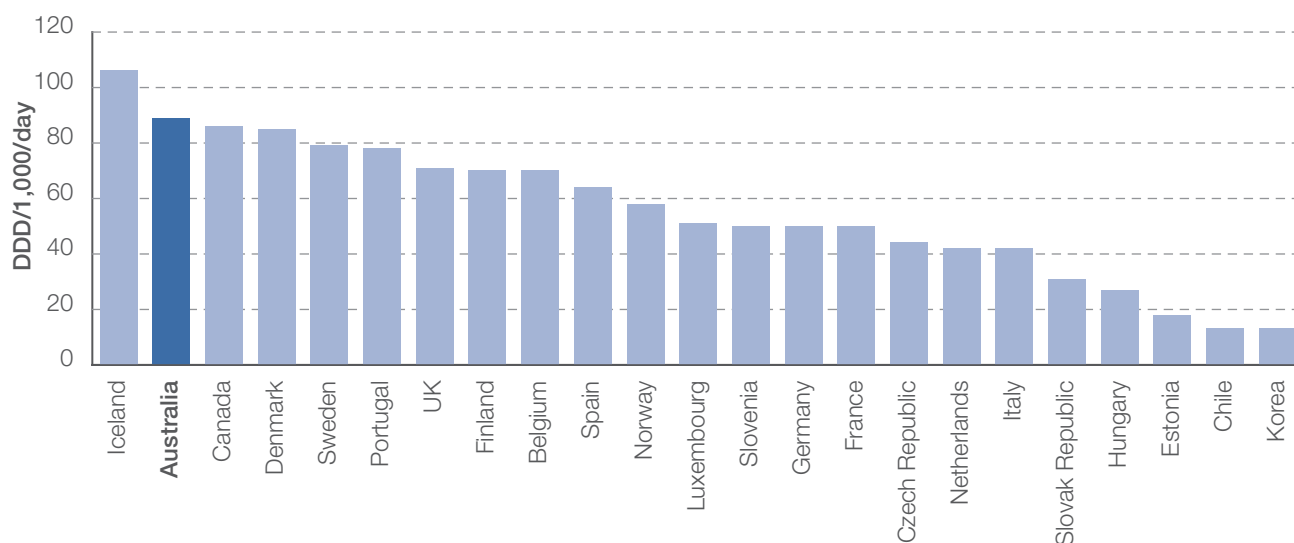
## Australian initiatives

The information in this chapter complements work underway to address mental illness at a national level, which is described in documents including:

- the National Mental Health Strategy,<sup>10</sup> a commitment by Australian governments to improve the lives of people with mental illness, and to develop mental health programs and services that better address their mental health needs
- the Mental Health Services Report,<sup>11</sup> produced by the Australian Institute of Health and Welfare – it provides the most recent information about mental health-related services in Australia
- the National Report Card on Mental Health and Suicide Prevention,<sup>12</sup> produced by the National Mental Health Commission, which provides recommendations to ensure that all Australians achieve the best possible mental health and wellbeing
- the National Review of Mental Health Programmes and Services,<sup>1</sup> which assessed how efficient and effective mental health programs and services were in enabling individuals (and their families) experiencing mental health problems to lead a fulfilling life and engage productively in the community
- Choosing Wisely Australia,<sup>13</sup> an initiative established in 2015 and led by Australia's medical colleges and consumer groups to help practitioners, consumers and healthcare stakeholders start important conversations about tests, treatments and procedures if evidence shows they provide no benefit or may lead to harm
- the Commission's forthcoming Delirium Clinical Care Standard,<sup>14</sup> which will address inappropriate use of antipsychotic medicines for patients with delirium.

Significant work to address mental illness is also being undertaken at state and territory level.

**Figure 62: Comparing defined daily dose/1,000/day for antidepressant use in Australia and other OECD countries**



Source: Organisation for Economic Co-operation and Development. Health at a Glance 2013: OECD Indicators. Paris: OECD Publishing, 2013.

## About the data

All data is based on patients' residential postcodes rather than where the medicine was dispensed or the service received. The data represents the number of services delivered per 100,000 population, and includes repeat services provided for individuals.

The data regarding medicines to treat mental illness comes from the PBS and shows the number of PBS prescriptions dispensed for each class of medicine.

The mental health treatment plan data comes from the Medicare Benefits Schedule (MBS) and shows the number of MBS plans general practitioners prepared under the category of general practitioner mental health treatment plans.

A number of limitations are implicit in the atlas data, including:

- the information reported includes data outliers, so caution should be exercised when interpreting the analysis
- data within a small area may reflect chance variations and can be influenced by a dense cluster of high-risk individuals, or many repeat events for a few individuals
- the data has not been analysed to determine how rates of dispensing relate to health outcomes
- dispensing from some remote area Aboriginal Health Services which are not captured in the PBS, resulting in artificially low rates of dispensing in many remote communities.

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  - 13 National Pharmaceutical Benefits Scheme. Choosing wisely Australia. 2015. (Accessed 11 September 2015 at: [www.choosingwisely.org.au](http://www.choosingwisely.org.au)).
  - 14 Australian Commission on Safety and Quality in Healthcare. Delirium clinical care standard. 2015. (Accessed 18 September 2015 at: [www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard](http://www.safetyandquality.gov.au/our-work/clinical-care-standards/delirium-clinical-care-standard)).

