Fact Sheet 11 – What this means for pharmaceutical prescribing and medications management

Key issues

• In 2011 Australia ranked second-highest in an OECD comparison of antidepressants consumption, behind only Iceland (although the USA was not included). Australia’s consumption of antidepressants, as measured by defined daily dose per 1,000 people, had doubled since the year 2000.

• This does not necessarily present a negative picture: it instead might reflect better access to mental health services compared to other countries. But in order to know whether that is the case, we would need much better information on outcomes of people who use these psychological medications, as well as on the efficacy of alternative treatments and opportunity costs.

• Use of antipsychotic medications has more than doubled since 1990, and there are concerns that this rate of growth of antipsychotic use is higher than increases in prevalence.

• Some use is likely to be for off-label indications or indications not yet considered for cost-effectiveness by the Pharmaceutical Benefits Advisory Committee (PBAC). There is also concern that antipsychotic drugs may be replacing benzodiazepines to help with sleep disorders.

• The use of antipsychotics also has skyrocketed for elderly people. A person in their 80s is three times more likely to be taking antipsychotic medication than if they were in their 30s, 40s or 50s. This indicates that medications are being used to manage behaviour for older people – a growing area of concern in relation to chemical restraint.

• There also is growing concern about increasing use of antipsychotics with children.

Key responses

• Education of consumers and providers is required to inform them that medication management is not necessarily the best first line response to mental health problems.

• Agree a system of stepped and integrated care as a fundamental building block for the mental health system.

• Promote self-help and building resilience as a first-line response to achieving wellbeing and reducing mental distress.

• An emphasis on support for self-management of people who are mentally distressed, or with mild or moderate high prevalence needs, aims to provide people with a first option to access alternatives to medical and pharmaceutical treatments such as on-line self-help,
childhood and youth education and support, and family and community resilience building.

- Providing individuals, families and communities with the tools they need to safely and confidently use self-care and take preventive steps to look after their own wellbeing also can reduce pressure on other parts of the system and free up resources to be used to treat more people.

- Seek confirmation of best practice guidelines for mental health as expert guidance on assessment, treatment, monitoring and referral, including on meeting the particular needs of Aboriginal and Torres Strait Islander people.

- Promote the guidelines to GPs and the broader primary health care team, including information on alternative pathways of care and support based on severity of need, including functional impairment. This approach could include (subject to further expert advice):
  - as a first-line response, access to self-help such as Internet self-help programmes and information, mobile applications and low intensity counselling services (including family counselling) for people with mental distress, and mild and moderate mental ill-health difficulties (see Recommendation 25)
  - backed up where needed with proven psychological services
  - medication being considered as a second or third-line response to clinical need, other than where medically indicated at an earlier stage.

- Further, this could include providing general practice with alternatives to medication prescriptions such as:
  - Blue prescriptions with information on peer-reviewed and evidence-based online sites such as online psychotherapy.
  - Green prescriptions with information on how to access other programmes, including exercise, diet, lifestyle changes and mindfulness strategies.

- This approach should draw on the expertise of the mental health and community sectors – including mental health providers – to develop, disseminate and promote a suite of resources and supports for self-help and online services, and evidence of effectiveness of these supports.

- An independent group of experts should be appointed to review the safety and efficacy of the use of medications as a means of restraining the behaviour of elderly people in their homes, including in residential aged care facilities. This would build on the existing work of Alzheimer’s Australia on this issue.
International comparison of antidepressants consumption (OECD)

Source: OECD Health Statistics 2013
Antipsychotic use, 1990–2013

96 DDD/1,000/day
We are now dispensing sufficient antidepressant to treat 9.6% of the population every day of the year

Age-standardised rates of initiation of atypical antipsychotics, 2011

Source: Roughhead L. Presentation to Safety and Quality Partnership Standing Committee. 11 July 2014.