



**Mental Health Council of Australia Submission to:
The Senate Community Affairs Reference Committee *Inquiry into
Consumer Access to Pharmaceutical Benefits*
April 2010**

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. The membership of the MHCA includes national organisations of mental health service consumers, carers, special needs groups, clinical service providers, community and private mental health.

The Pharmaceutical Benefits Scheme (PBS) and mental health

Access to prescription medicines plays a major role in the lives of mental health consumers. Prescriptions relating to the nervous system such as antidepressants, anti-anxiety drugs and antipsychotics account for twenty percent of those written by GPs.¹

The 2006 MHCA *Report of the National Stakeholder Workshop on Mental Health and the Quality Use of Medicines* summarised a range of barriers and potential solutions to consumers accessing and benefiting from medicines for the treatment of mental illness. Significant barriers continue to include:

- negative community attitudes about mental illness and treatment medications and the influence of these attitudes on mental health consumers, their family, friends, carers and even some health professionals;
- consumers lack of access to information on medicines including risks and long term effects;
- gaps in information support for mental health consumers from medical professionals such as GPs, pharmacists and discharge planners.²

Another major barrier to consumers accessing medicines is the significant cost of living with mental illness. Mental health consumers are among the most socially and economically marginalised members of the community, experiencing high levels of unemployment and nonparticipation in the work force.³ A 2009 survey by SANE Australia found that people living with mental illness were far more likely to have a lower income those without, yet about one third of respondents were not registered with the Medicare safety net and many were forced to rely on a disability support pension.⁴

¹ Australian Institute of Health and Welfare, 2009, *Australia's Health 2008*, AIHW p225.

² Mental Health Council of Australia, 2006, *Mental health and quality use of medicines, Report of the National Stakeholder Workshop*, MHCA.

³ Mental Health Council of Australia, 2008, *Let's get to work*, MHCA.

⁴ SANE Australia, 2009, *Money and mental illness*, SANE Australia Research Bulletin 9.

Further, the poor physical health of many people with mental illness also adds to this cost burden. Research conducted by the University of Western Australia in 2001 shows people with mental illness are at higher risk of conditions such as diabetes, heart disease, and obesity, and have considerably elevated mortality rates from all main causes compared to the general population.⁵

The PBS does not cover all of the costs associated with treating mental illness including co-payments and over the counter costs of medicines. The SANE Australia survey found that the majority of those surveyed reported that they often had to choose between paying for health care or meeting their daily needs.⁶

Another study into the impact of co-payment increases on dispensing of government-subsidised medicines in Australia also found that the cost of co-payments acts as a disincentive for people to fill prescriptions, especially in relation to antidepressant medication.⁷ From this it could be concluded that some current arrangements under the PBS actually restrict consumer access to effective mental health treatment.

The challenging side effect profiles of medicines for treating mental illness also acts as a barrier to consumer access. The development of medicines with improved side effect profiles is of great interest to the mental health sector with consumers and carers eager for information about processes for approval and quality use of these medicines.

The quality of life of mental health carers is directly influenced by the health and stability of the mental health consumer/s for whom they care. Carers often play an integral part in the lives of people with mental illness, with many performing the role of purchaser or financier of medicines.

Access, choice and pricing of medications

The MHCA *Report of the National Stakeholder Workshop on Mental Health and the Quality Use of Medicines* documented a range of practical solutions to improve accessibility and quality use of medicines for mental health consumers and carers. These included strategies for:

- improving information around medicines to consumers, carers and professionals in such areas as:
 - the development of easily accessible consumer medicine information;
 - the development and maintenance of a central repository of information such as educational materials, clinical evidence and practice guidelines etc on specific mental health medicines for use by professionals and consumers. The MHCA has previously called for the development of such a resource through its own website;
- improving behaviours around prescribing by providing consumer and carer input into training for professionals about medicines;

⁵ Lawrence D, Holman CDJ, Jablensky AV, 2001, *Duty to Care – Preventable Physical Illness in People with Mental Illness*, The University of Western Australia.

⁶ SANE Australia, 2009 op cit.

⁷ Hynde A et al, 2008, *The impact of co-payment increases on dispensing of government subsidised medicines in Australia*, *Pharmacoepidemiology and Drug Safety*.

- undertaking better of post market monitoring including investigation of serious health events around medicines use;
- providing a stronger role for the provision of input from consumers and carers on national medicines policy.

It is also clear that new medicine policy needs to consider improving the cost burden associated with medicines for the treatment of mental illness. This should include analysis of the effects of disincentives for the purchase of mental health medicines under the current PBS arrangements, as well as accessibility of the current Medicare safety net system for people with mental illness. New medicines policy should also ensure that pricing of current and new mental health medicines remains accessible to people with low incomes.

Much more needs to be done around the promotion of mental health and the prevention of mental illness to more efficiently ease the burden of mental illness in the population and for individuals. Such measures would impact directly on the use of medicines in Australia including potential savings for consumers and the PBS.

Proposal for a National Mental Health Medicines Strategy

Given the large role that the mental health sector plays in the use of medicines and the range of challenges that remain unaddressed such as access to effective medicines information, cost, and safe and efficacious use, MHCA calls for the development of a National Mental Health Medicines Strategy. The Strategy would engage the mental health sector and link the National Mental Health Policy and the National Medicines Policy in a way that does not currently exist.

The Strategy would draw together the range of issues associated with lack of accessibility and the safe and effective use of medicine in the mental health sector to provide an informed context for the assessment of the impact of new policy such as the introduction of new therapeutic groups.

The impact of new therapeutic groups on consumer access to medicines

It is unclear at this stage how the mental health sector will be affected by the Australian Government Health Minister's 2009 proposal to implement four new therapeutic groups including that of selective serotonin reuptake inhibitor (SSRI) antidepressants. This is largely because there has been no consultation with stakeholders on the proposed process or its potential outcomes. Nor is there any clearly detailed strategy for supporting excellence in the medicines sector around mental illness, from which to stage an analysis.

Because of this, the MHCA is extremely concerned that the introduction of new therapeutic groups without consultation with the mental health sector will ignore the significant needs of mental health consumers and adversely affect cost and ongoing choice.

The MHCA calls for the Australian Government to work with the mental health sector, particularly consumers and carers, to discuss the relative benefits and potential disadvantages of the proposal for new therapeutic groups. This relates not

only to SSRIs but to the other proposed medicines whose impact on people with co-morbid chronic conditions could be substantial.

The MHCA also calls for the Australian Government to ensure that, through a National Mental Health Medicines Strategy, mental health consumers, carers and other mental health sector stakeholders are consulted on any further changes to the access and availability of medicines in Australia.

Proposed consultation on the criteria and clinical evidence used to qualify drugs as interchangeable at the patient level and potential increased costs to consumers and carers

Mental health consumers report that there are a range of levels of tolerance for different medicines amongst consumers. The side effect profile of these medicines is such that consumers often need to try a number of different medicines within a class of medicine before finding one that is suitable for their use.

Further, mental health consumers already experience of lack of information or evidence on differing side effect profiles of drugs for different population groups such as women or older people.⁸ Such monitoring needs to occur as a priority under a National Mental Health Medicines Strategy and would provide valuable information on interchangeability.

Any process to make a determination on new therapeutic groups should include consideration of:

- how restricted consumers may be to specific medicines choices;
- possible increases in the number and size of patient co-contributions for medicines; and
- the potential impacts on the cost and consequent availability of medicines.

Conclusion

Given the range of issues that are already experienced by mental health consumers and carers and the need for a National Mental Health Medicines Strategy, the MHCA urges this Inquiry to urgently consider the health needs and circumstances of mental health consumers and carers to ensure safety and equity of access to medicines under the Pharmaceutical Benefits Scheme.

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⁸ Consumers' Health Forum of Australia, 2005, *Victorian Mental Illness Awareness Council talk with CHF about Quality Use of Medicines issues*, p5 accessed from www.chf.org.au.