

Mental health in primary care: key findings

This Atlas domain highlights regional and demographic variation in patient experience and in the use of certain psychotropic medicines. The goal is to prompt debate and raise questions about why differences exist.

See more detail here: hqsc.govt.nz/atlas/mental-health. Key issues fell under two broad areas:

ACCESS AND TREATMENT

In 2018, around **839,936 New Zealanders** were dispensed any one of the psychotropic medicines included in this Atlas.

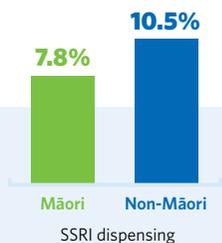
People **self-reporting** a long-term mental health conditions were **less likely to access primary care** due to cost. This varied 2.7-fold between district health boards.



*Māori and Pacific peoples were more likely to report access and prescription cost barriers than other ethnic groups.

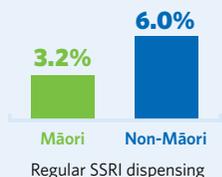
Nearly **1 in 10 New Zealanders** were dispensed a selective serotonin reuptake inhibitor (SSRI) in 2018.

Māori were less likely to receive an SSRI in the year:



... and even less likely to receive an SSRI **regularly**.*

Rates of regular SSRI use varied 2.8-fold in those aged 25-44.



*Regularly means three or four quarters in a year

PEOPLE AGED 75 OR OLDER

Nearly a quarter were regularly* dispensed a psychotropic medicine.

* Regularly means three or four quarters in a year.



Over one-tenth (11.3%) were regularly dispensed a benzodiazepine or zopiclone. This varied 2.6-fold between DHBs.

Likely **'off-label'** use of some medicines, such as amitriptyline, nortriptyline and quetiapine.¹



1. 'Off-label' use of a medicine means that Medsafe has not approved the medicine to be used for this indication. Medsafe advises that patients should be informed and consent to this.