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DRUG AND MENTAL HEALTH

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ABSTRACT

Over the past 15 years, psychotropic medication innovation has advanced quickly. Additionally, spending on prescription drugs in general, and psychotropic drugs in particular, has increased at a never-before-seen rate. The function of psychotropic drugs in treatment is becoming more and more important. Health insurers, state budget makers, and regular residents are also closely monitoring them. Prescription drug policy decisions could have a considerable impact on the clinical treatment of mental diseases, the expense of such treatment to individuals and society as a whole, and the chances for further scientific advancement.
The policy concerns surrounding psychotropic medications are discussed in this article in relation to their impact on the availability of mental health services as well as the price and standard of care associated with such services.

KEYWORDS*:* mental health, psychotropic drugs, treatment

INTRODUCTION

The pharmaceutical industry has given clinicians treating mental disorders a variety of novel psychotropic medications over the past 15 years. Since 1988, the U.S. Food and Drug Administration (FDA) has approved nine new depressive medications and five new antipsychotic medications, introducing two significant new families of psychotropic medications. The use of psychotropic medications is becoming more and more important in the management of mental illnesses. According to Frank and Glide's 2005 tabulations of the Medical Expenditure Panel Survey, they were utilised in 77 percent of mental health treatment cases by 1996. Unprecedented increases in spending on prescription drugs in general and psychiatric medications in particular have accompanied this trend.

Important institutional and policy changes in the general medical and mental health sectors have had an impact on the significant adjustments in the clinical and economic functions of prescription medications. How psychotropic drugs are used and how much money is spent on them have all been impacted by the expansion of insurance coverage for prescription medications, the introduction and spread of managed behavioural health care techniques, and the actions of the pharmaceutical industry in promoting their products.

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Health insurers, state budget managers, and regular citizens are closely scrutinising psychotropic medications. Prescription drug policy decisions made by the public and commercial sectors can have a substantial impact on clinical care, its cost, the chances for future scientific advancements, and the amount of money invested in drug development.

Spending on them has increased significantly as a result of the quick development of new goods and the inclusion of the more recent psychotropic medications in the standard treatment for mental disease. (Coffey et al. 2000, Mark et al. 2005). A total of $17.8 billion, or 21% of all expenditures for the treatment of mental diseases, was estimated to have been made on psychotropic medications in 2001. Since 1987, nominal spending has increased by more than six times (without accounting for inflation). In addition to the rise in spending on psychotropic drugs, these drugs have become more important in the management of mental illnesses. Antipsychotics and antidepressants are the two psychotropic medication classes with the highest sales volume. Sales of antipsychotic medications were $8.1 billion in 2003, an increase in spending of 22.1% from the year before (IMS Health 2005). Sales of antidepressants in the selective serotonin re uptake (SSRI) and serotonin-norepinephrine reuptake inhibitor (SNRI) classes reached $11 billion in 2003, up 11.9% from levels in 2002. (IMS Health 2005).

HYPOTHESIS DEVELOPMENT

1. Psychotropic drugs and efficiency

The clinical benefits that these novel compounds provide over more traditional pharmacological treatments is one factor contributing to the increase in the usage of psychotropic drugs (U.S. Department of Health and Human Services 1999). According to studies, the effectiveness of SSRIs and TCAs, an earlier class of antidepressants, is comparable. The surgeon general said that SSRIs offer simpler dosing regimens, lessen the risk of overdose, and have more manageable side effects, making them safer, better tolerated by patients, and simpler for doctors to prescribe (U.S. Department of Health and Human Services 1999). Today, this conclusion would still hold true.

An increasing corpus of research indicates that SSRIs' simplicity of use and more acceptable side effects may have a significant impact on how patients take them. According to the data from studies of usual care, a higher proportion of patients receive evidence-based treatment when they use new agents (Katon et al. 1992; Montgomery et al. 1994; Simon et al. 1993), SSRI recipients are more likely to take adequate doses of medication and adhere to the prescribed therapy than TCA recipients.

H1: The reason for increasing prescription of psychotropic drugs can be attributed to the efficiency and effectiveness of these latest drugs.

2. Increased Insurance Coverage

The increase in spending and use of psychotropic pharmaceuticals has also been impacted by the expansion of health insurance for prescription medications. In the United States, health insurance for prescription pharmaceuticals has significantly increased since the late 1970s. Prescription medications for the treatment of mental problems are typically covered at "parity" with other medical treatments, despite the lengthy

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history of uneven healthcare insurance of mental health services. Today, all states provide Medicaid beneficiaries with prescription medication coverage, including individuals who qualify for both Medicare and Medicaid. (Kaiser Family Foundation 2001a). The majority of Medicare users already have insurance coverage (so-called Medigap plans), coverage from former employers, or Medicaid, despite the fact that Medicare does not currently cover outpatient prescription medicines (Gluck and Hanson 2001).

H2: The reason for increasing prescription of psychotropic drugs can be attributed to the increased insurance coverage.

3. Behavioural carve outs

The institutions in charge of overseeing medical care have also contributed to the increased usage of psychotropic drugs.
In particular, the managed behavioural health care (MBHC) carve-out has taken centre stage in the provision of mental health care in both the private and public sectors as managed care has grown to predominate the health care delivery system. An estimated 60 to 72 percent of those with insurance participate in managed behavioural health care plans (USDHHS 1999). In addition, according to Ling, Frank, and Berndt (2002), 18 states had set aside mental health services for their Medicaid participants as of 2002.

Carve-outs manage mental health and drug misuse services under a separate contract with a specialised vendor, separating them from the rest of the health insurance coverage. In order to increase efficiency, carveout agreements depend on scale economies and expertise. Residential, ambulatory, inpatient, and severe outpatient services are all managed by the normal MBHC carve-out, however prescription medicines are not covered because they are covered by the general medical benefit. Prescription medications are essentially "free" inputs to the speciality psychological delivery system, and carve-out suppliers have a strong financial incentive to replace other mental health services with drug therapies whenever possible. They achieve this by making referrals for medication management and psychopharmacology more accessible to patients than referrals for psychotherapy.

H3: The reason for increasing prescription of psychotropic drugs can be attributed to the behavioural carve outs.

4. DTCA

Last but not least, direct to consumer advertising (DTCA) has influenced the rise in the use of psychoactive drugs. DTCA, which dates to the middle of the 1990s, is a relatively recent phenomenon in markets for prescription medications (Rosenthal et al. 2002). The majority of DTCA expenditure is concentrated on a few few products. Psychotropic drugs, most notably Prozac and Paxil (before their patent losses), routinely ranked among the top prescription medicine items in the last ten years according on DTCA spending (Frank et al. 2002). About $193 million was spent on DTCA for depressive drugs in 2004. More than 90% of people in recent studies claimed to have seen adverts for prescription drugs (Prevention Magazine 2002/3).

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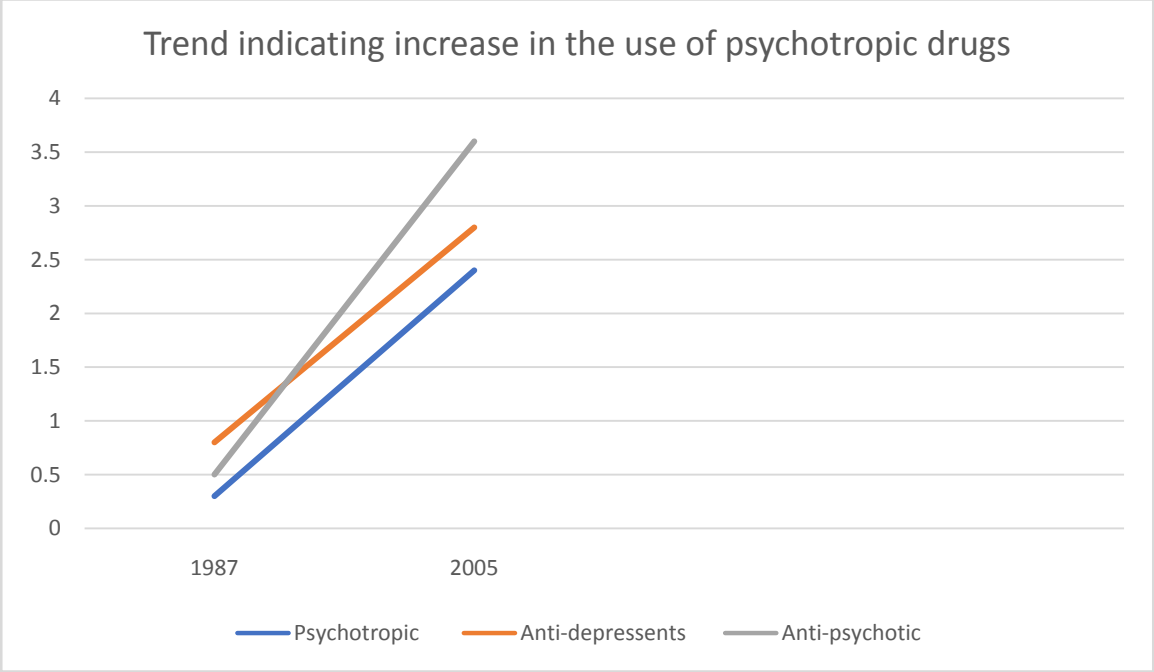
Donohue and colleagues' (2004) recent study looked at the function of DTCA in therapeutic decision-making. They looked at the impact of DTCA on the persistent use of medications, as advised by professional standards, and the decision of using drugs or psychotherapy to treat depression. They used data on health care claims from private insurance and advertising expenditures (AHRQ 1999). The findings suggested that being exposed to DTCA is linked to a higher risk of utilising a psychotropic drug to treat depression. Additionally, they indicated a slight improvement in the course of treatment (Donohue et al. 2004).

H4: The reason can be attributed to DTCA.

RESEARCH METHODOLOGY

The research and data compiled by the IMS Health in 2005 was relied on to analyse the substantial increase in the use of psychotropic drugs in the USA. The data was analysed and collected and analysed in the following manner.

The chart below indicates the increase in the usage of psychotropic drugs from the period of 1987 to 2005



The pie chart below represents the percentage of nominal expenditure on psychotropic drugs over the period from 1987 to 2005.

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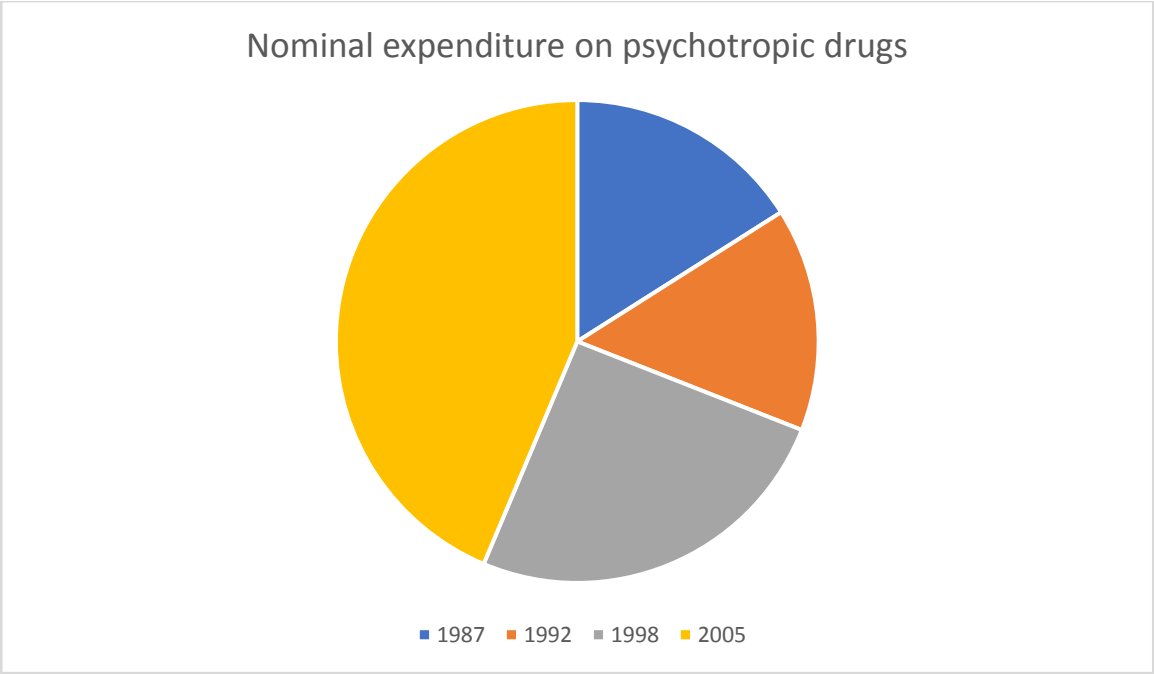

FINDINGS AND ANALYSIS

Rules for managing care have been developed by the mental health delivery system, and they are not economically unbiased with regard to therapeutic options. Psychotropic drug prescription coverage is equal to that for other drug classes. As a result, pharmacological coverage is frequently substantial when compared to, for instance, psychotherapy. Private insurance plan holders usually have to cover 50% of their psychotherapy costs. These costs stimulate the usage of prescription drugs compared to the $10 or $20 copayments for prescriptions. The managed behavioural carve-out, or the administration of the psychological health benefit by a different provider, is another significant institution.

A potential benefit of better aligning clinical decision making and care management is shown by the financial incentives built into current institutional setups. A clinical benefit-cost assessment that accurately reflected the genuine advantages to consumers and the true costs to payers and society would be the ideal outcome of such legislation. A less disjointed care system and greater quality of treatment for those with mental diseases are anticipated to arise from the alignment of monetary incentives, accountability, and responsibility. Making direct connections between health plans, PBMs (pharmaceutical benefit managers), and MBHC carve-out vendors is one way to align incentives and lessen fragmentation.

PBMs, health plans, and carve-out vendors sharing profits and losses would encourage their integration by providing all stakeholders a financial stake in the result associated with effective care. This strategy could be pushed within the Medicaid programme through the regulation and performance evaluation of HMO carve-out contracts as well as through contracts with carve-outs that directly contract with state Medicaid agencies. Such tactics have already been used in other states, including Massachusetts, Arizona, Colorado, and Iowa.

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Long-term pressure from the states to lessen the burden on taxpayers may have unforeseen effects on innovation in particular drug types.

The purchase of antipsychotics is a significant but exceptional example in point, even though this might not be a worry for most therapeutic classes. Even though it costs hundreds of millions of dollars to bring a new treatment to market, one defining feature of prescription medications is that they can be produced for pennies per tablet. Pharmacological research and development is a lengthy, dangerous, and expensive process, but makers of prescription pharmaceuticals have an economic incentive to engage in it since they may sell their products for rates that cover the financial costs of producing new drugs (U.S. Congress 1993).

The level of competition in a therapeutic class and the similarity of competing drugs determine the payer's capacity to negotiate a "good" price for prescriptions purchased from manufacturers. The effectiveness with which a purchaser can restrict the availability of competitive drugs and so reroute demand will directly affect their capacity to negotiate price reductions. For instance, in recent years, the creation of novel managed care strategies like incentive formularies has improved consumers' capacity to purchase pharmaceuticals at more beneficial costs. Pharmaceutical corporations are still driven to develop since they can temporarily set monopolistic prices and benefit from patent protection for new, medically superior medications.

Additionally, a small portion of psychotropic drug purchases are covered by each of the several private insurance health plans and formulary agreements. As a result, this method lessens the ability of any one customer to negotiate price reductions on new pharmaceuticals, thus influencing decisions about research and development. The accessibility, use, and cost of psychiatric medications are influenced by a variety of different payers, managed care companies, and government entities. Together, these organisations have an impact on the pharmaceuticals that are available and when, as well as the laws that govern drug purchases and the parties who pay the costs of certain prescription drug transactions.

RECOMMENDATIONS AND CONCLUSION

The use of psychotropic medications is becoming more and more important in evidence-based treatment for a variety of mental diseases. The way that depression, schizophrenia, and anxiety disorders are treated has changed as a result of improvements in pharmaceutical-based therapy. As a result, medications now account for a significant portion of the cost of mental health services, putting psychotropic pharmaceuticals firmly on the public policy agenda. In this essay, we discussed the problems with policy in the areas of buying drugs, managing care, and regulating the drug creation and testing process.

To balance cost control and ongoing innovation in mental health treatment, payer organisation and financial concerns are especially crucial. Medicaid regulations are crucial because Medicaid plays a significant role in funding the treatment of mental illness, especially for people with mental illness.

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