



Committee Secretary
Senate Select Committee
Department of the Senate
Parliament House
Canberra ACT
Mental.health@aph.gov.au

13 May 2005

To the Committee Secretary

Please find attached a submission on behalf of the Neuroscience Institute of Schizophrenia and Allied Disorders (NISAD).

The submission includes two attachments, an information brochure about the institute and the final proposal for the Australian Psychosis Research Network.

Thank you for the opportunity to submit to this important inquiry. I can be contacted on 02 9295 8407 in the event you need anything further.

Kind regards

Deborah Willcox
Executive Director
NISAD Schizophrenia Research



13 May 2005

**NEUROSCIENCE INSTITUTE OF SCHIZOPHRENIA AND ALLIED DISORDERS
(NISAD)**

Submission to the Senate Select Committee on Mental Health

This submission is dedicated principally to the current state of mental health research and the adequacy of its funding (term of reference “n”).

NISAD is an independent, not for profit medical research institute (NHMRC accredited) and is the only medical research institute in Australia dedicated principally to finding the means to prevent and cure schizophrenia. NISAD is supported by State Government funds, philanthropic gifts, corporate and community foundations and the general public.

NISAD functions as a virtual institute supporting researchers across a number of tertiary institutions across Australia (see attached information kit). NISAD initiates, supports and conducts world-class collaborative research into schizophrenia to advance understanding of its clinical components, mechanisms, causes, treatment and prevention.

The NISAD network engages with the leading universities in New South Wales (for example, Sydney, New South Wales, Newcastle, Wollongong and Macquarie), teaching hospitals and other research institutes (The Garvan Institute of Medical Research and Prince of Wales Medical Research Institute) as well as other national and overseas organisations in a continual exchange of information, as well as collaborative partnerships on specific research programs. The network consists of more than 100 scientists made up of direct employees, affiliates and postgraduate students.

NISAD has established thematic panels that allow the sharing of scientific information, research collaboration across disciplines and the realisation of linkages that may be lost in a stand-alone institution. The infiltration of schizophrenia research into laboratories that may not have had a strong focus on schizophrenia has been both deliberate and beneficial.

We have also seen the funding of postgraduate students (including PhD, Masters & Honours) and summer scholarships as a useful mechanism to steer the career path of young researchers. Importantly, it provides a succession plan for schizophrenia research.

There is considerable opportunity to build on the scope, strength and influence of neuroscience and mental health research nationally in order to advance our scientific understanding of schizophrenia. Unfortunately, to date mental health research funding has not received the same attention as other public health priorities.

The cost burden to the community, and the impact of diseases like schizophrenia are significant. Demands for enhanced mental health services will continue to escalate unless there is adequate investment by Government in finding the cause and means to prevent illnesses like schizophrenia.

The costs of psychosis are extremely high, with schizophrenia costing up to double that of the affective psychoses and 15 - 18 times more per case per year than depression or anxiety disorders. The main cost driver in relation to schizophrenia is inpatient hospitalisation, which accounts for around 80% of costs, approximately \$671 million per annum.

The costs of a disease like schizophrenia are increased largely due to the fact it strikes within the middle third of life (often termed the 'productive years'), with longer duration (usually life long) and overall poorer functioning. Psychotic disorders cost the Australian Government at least \$1.45 billion per annum, while societal costs are at least \$2.25 billion per annum (including \$1.44 billion for schizophrenia).

There have been efforts in recent times by the Commonwealth Department of Health and Ageing to look at optimising the research effort. The national Neuroscience Taskforce floated a proposal to establish a national Brain and Mind Alliance. There is no doubt it presents an opportunity to harness the considerable amount of research activity that is occurring.

NISAD Schizophrenia Research is very keen to be a part of a process that challenges some of the traditional views of how the research community might better focus current research activities; enhance opportunities for collaboration and increase outputs that collectively will lead to improved treatment and care of patients

with brain and mind disorders. Accordingly, NISAD is actively promoting the Australian Psychosis Research Network (APRN) initiative. The APRN, supported by more than 80 leading neuroscientists and clinicians across Australia, will provide strategic direction and coordination for a national program of clinical, neuroscience and genetic research into psychotic disorders (see attachment APRN Proposal).

The establishment of the APRN will create a critical mass of technical and clinical infrastructure, promote standardisation of measurement across research centres, support multi centre studies of large representative cohorts and their long term follow up, enable integration of research databases nationally, and establish multidisciplinary meeting processes for scientific exchange.

The establishment of the APRN will take Australia into a new era of discovery and position it to more effectively benefit from and contribute to international biosciences.

One dilemma in relation to setting key priorities is the balancing of resources applied to translational research activities with those areas that are at a more embryonic stage. The Government will need results that influence service delivery and consequently budgets; however the budgetary pressures associated with service delivery alone cannot drive research activity. Their needs to be support for long term goals and the establishment of the APRN would fill this void.

In summary, increased investment in mental health research is critical to alleviate suffering and manage burgeoning health service costs and the significant impact of these on the Australian economy.

NISAD thanks the committee for the opportunity to have input and would gladly make a representative available to speak to the committee. Please do not hesitate to contact the office on (02) 9295 8407 should the committee require any thing further.



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