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This submission aims to address two items in the Terms of Reference of the Senate Select Committee on Mental Health, *(n)* and *(o)*, and to bring to the Committee's attention relevant proposals:

(n) The current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated

It is estimated that current approaches to the treatment of schizophrenia avert only 13% of the total aggregated burden; and, even if services were given unlimited funding they could only aim to avert about 22% of the total aggregated disability due to this disease (Andrews et al, Brit J Psychiatry, 2003, 183, 427-435). Not only is current treatment relatively ineffective, Andrews et al showed that it is extremely inefficient, costing in excess of \$200,000 to avert one year of disability.

These estimates call into question the adequacy of current research funding for schizophrenia. Schizophrenia costs the Australian community at least \$2.62 billion annually, whilst research spending by Australian Governments is \$6.1 million (Access Economies Report for SANE Australia, 2002). This represents an investment rate in schizophrenia research of 0.23% per annum – well below rates for equally disabling disorders where relatively ineffective treatments are available.

In recognition that most of the disability associated with psychotic disorder can only be addressed by research, a grant-in-aid was obtained from the Myer Foundation to bring together scientists nationally to develop a proposal aiming to pool their efforts in a united research attack on schizophrenia and bipolar disorder.

The proposal, named the “Australian Psychosis Research Network” (APRN) calls for the funding and establishment of APRN to provide strategic direction and coordination for a national program of clinical, neuroscience, and genetic research into the psychotic disorders (see attached file, Myer Report 121004).

This nationally coordinated effort will create a critical mass of technical and clinical infrastructure, promote standardisation of measurement across research centres, support multi-centre studies of large representative clinical cohorts and their long term

follow-up, enable integration of research databases nationally, and establish multi-disciplinary meeting processes for scientific exchange.

These activities will take Australian psychosis research into a new era of discovery and position it to more effectively benefit from and contribute to international biosciences.

APRN has three strategic aims:

- Build pathways for discovery, from gene to therapy, by vertical integration of scientific activity across each level of research expertise and resource
- Achieve critical mass within each level of research expertise by horizontal integration of collaborating research centres across institutions, and across states and territories
- Actively engage consumers and carers, clinicians and policy-makers, and the general public in the promotion and development of psychosis research

The seven research programs proposed are estimated to cost \$10.47 million annually (this excludes non-research functions) and are listed below:

**1. Cellular and molecular neuroscience
(\$2.5 million)**

**2. High-field magnetic resonance
(\$1.1 million)**

**3. Genetic epidemiology
(\$4.45 million)**

**4. Drug development
(\$300,000)**

**5. Novel therapeutics, psychosocial
intervention and rehabilitation
(\$980,000)**

**6. Research into practice
(\$150,000)**

**7. Collaborative senior research
fellowships
(\$990,000)**

The network will also support consumer development, community awareness, and marketing and promotion functions (initially costing \$350,000 annually). If managed as an independent organisation these functions (covering scientific and non-scientific management) will cost a further \$510,000 annually.

Hence, if fully implemented, the total annual budget of APRN is \$11.33 million. Staged implementation is proposed so that in the first triennium an effective annual budget could range from \$1 million to \$5 million, the level being determined by available funding. It is assumed that APRN will initially be unable to attract competitive funding. Its successful establishment will require strong stakeholder support.

As Chair of the APRN Scientific Steering Committee, I submit this proposal for the consideration of your Committee.

(o) The adequacy of data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and opportunities to link funding with compliance to national standards.

The Australian Health Ministers Advisory Committee, Evaluation Committee summarised the results of quality activities supported by the First NMHP in scathing terms: “Information in mental health is grossly undeveloped.”

During the second NMHP advances were made in collecting limited amounts of data concerning national standards and clinical outcomes. This collection does not and cannot offer any information about service effectiveness – an essential pre-requisite to improving quality of care.

In 2001 the NHMRC tendered a Strategic Research Grant for Mental Health worth \$400,000, \$200,000 per annum for 2 years, to evaluate the effectiveness of teams carrying out early psychosis intervention.

A collaboration led by myself as the principal investigator was successful in applying, and in 2003-2004 our research group led a multi-centre evaluation. This project developed tools and processes for gathering effectiveness data routinely for aggregation across-services and analysis. Importantly, for the first time methodologies for the routinely coding of clinical intervention were designed. Currently 400-500 episodes of care are being processed.

This mammoth task is not completed, five months after NHMRC funding ran out. As we had designed the methodology to fit seamlessly upon the Commonwealth Consumer Outcome measures as routine effectiveness evaluation tools, we approached the National Mental Health Working Group for continuation funding (see attached letters dated 29 October 2004 and 28 September 2004). This funding was to enable completion of the first project, and to then automate the data collection procedures for easy of use. As we have not had a response to this approach, our research team has propped up the project with an additional \$200,000 in a desperate bid to deliver on a project that could directly address the evaluation of effectiveness of mental health services national.

I hereby bring these developments to the attention of your Committee for your consideration.

