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### **Submission to the Senate Select Committee Mental Health, 11 November 2005**

This submission addresses Term of Reference (n): *The current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated*

This submission is an update on Submission Number 299.

Although there have been increases in mental health research funding, these increases started from a very low base, and current levels are disproportionately low. This is especially evident when the burden of mental disorder and the relative ineffectiveness of treatments for the most disabling conditions such as schizophrenia, are considered. Australian investment in schizophrenia research is estimated to represent 0.23% of the cost of schizophrenia to government and the community. Bipolar disorder attracts an even lower rate of research investment.

Consumers, service providers, and policy-makers do not appear to fully appreciate the fundamentally important role of research in disseminating best practice and informing service reform. A unique opportunity for Australia to lead the world in strategic research into schizophrenia and bipolar disorder has arisen from a proposal to create a national grid of collaborative research centres and mental health services. It is known as OPEN MINDS: The Australian Psychosis Research Network (see Attachment 1).

This proposal aims to link basic science to the clinic, translating brain research into new therapies. It will transform the current painfully slow 'cottage industry' approach to psychosis research into an industrial strength national research powerhouse. The Mental Illness Fellowship Australia (see Attachment 2) and the Mental Health Council of Australia have both endorsed the proposal.

The extra funding required is in the order of \$10 million per annum. The alternative of doing nothing will lead to the sacrifice of another generation of young people to these disastrous diseases. Without new information and treatment innovation, additional investment in services will simply provide more palliative care for mainly untreatable problems. If palliative care is all the Senate Committee can recommend, then decent supported accommodation would be more cost effective than expanding relatively ineffective mental health services.