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Providing Evidence For Policy Direction And Treatment Of Schizophrenia.

Abstract

In 1999-2000 approximately 47.5 billion dollars of the Australian GDP was spent on health, but only 5% of this was spent on mental health. In comparison to expenditure on mental health by the UK, the USA and Scandinavian countries, this is an extremely small amount. One per cent of the Australian population suffers from schizophrenia, a serious mental illness with very high mortality and morbidity. A recent UK study has predicted a rise in the incidence of schizophrenia, and has hypothesised increasing cannabis use as a major driver of this increase. Schizophrenia is described as a 'low prevalence disorder' and is associated with chronic disability.

During the past decade, interventions for schizophrenia have improved considerably. New antipsychotic drug therapies, intensive case management and community-based treatment offer patients substantial benefits. However, in view of continuing pressure to contain health costs, the cost of mental health services for patients with low prevalence disorders is being questioned. The cost/benefit aspects of providing longer term treatment for people with schizophrenia compared to people with depression or anxiety disorders has been questioned.

An important and overlooked part of determining policy direction in mental health, particularly in the provision of care for people with schizophrenia, is the inclusion of subjective and objective measures of quality of life. The Schizophrenia Care and Assessment Program (SCAP) study is a quality of life study in schizophrenia that correlates health economic measures with clinical outcomes and quality of life measures. In this way the SCAP study provides important three-dimensional, real-life data that can provide a significant contribution to policy direction for mental health in Australia.

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