

Mission to strike out mental illness in young people



ON a crusade . . . mental illness expert Professor Stanley Catts. Picture: Rob Maccoll

Turn the silent tide



Mike O'Connor

THE INTERVIEW

WE are in a small office somewhere within the sprawling Warren that is Royal Brisbane Hospital and speaking about the unspeakable — mental illness.

Professor Stanley Catts — Stan if you prefer — is making the point that it never did your career a lot of good to admit to a family history of psychotic disorder.

Catts, with more than 30 years of psychiatric practice behind him, is on a mission. And, to achieve it, he recently launched the Queensland Schizophrenia Research Foundation. If you've got money, preferably plenty of it, he wants some of it.

It is not, however, just your cash that he wants. He also wants to borrow your business acumen to help him run the trust. He reasons that if you've got wealth, you probably know how to create it. If you contribute financially, then you are given a say in the priorities which the research pursues.

He rolls out the numbers that have prompted him, in this latter phase of his career, to wade into the unfamiliar waters of fundraising.

Schizophrenia, he says, is the country's third-highest cause of disability after alcohol and depression. More than 50 per cent

of patients do not acknowledge they need treatment, 60 per cent of bipolar disorder is misdiagnosed and less than 10 per cent of patients are able to hold down full-time employment.

Schizophrenia costs the community \$2.62 billion a year, 70 per cent of homeless people have a mental illness and more than 4000 cases of psychotic disorder are diagnosed every year.

Catts has spent his life trying to make a difference. His concern is that if research is not undertaken now on how to effectively diagnose schizophrenia and bipolar disorder in their early stages, then the country will be swamped by a tsunami of advanced psychotic disorders.

All the evidence, he says, points to a looming one-third increase in the rate of psychotic illness fuelled by a tenfold increase in substance abuse in young people.

"There's clear evidence that exposure to marijuana and speed is definitely damaging to the brain before the age of 18 — and it's not that good after 18," he says.

"The most conservative estimates are that there are 200,000 patients with schizophrenia and bipolar disorders in Australia, which means that 600,000 family members are affected."

"The average delay for a person to get a correct bipolar

diagnosis is about 10 years and about five for schizophrenia because these disorders tend to come on gradually and in adolescence, so that parents have great difficulty in recognising the problems as does the young person themselves."

Catts exudes the calmness of the psychiatric professional. He's worked the wards, treated the deluded and the deranged and watched what he calls the "wait-and-see approach" of general practitioners to young people whom they feel may

two weeks, where the person suffers depression every day and there is no obvious explanation as to why.

"The depression feels different than being down because of some setback. It becomes obvious when they have a different type of episode called mania where the person gets very elated or irritable, has too much energy, can't sleep and doesn't want to sleep."

"Their thinking can become unrealistic. They become overconfident and think they

health care is perpetuating late treatment, which perpetuates poor outcomes from treatments."

Catts believes that a new approach involving schools is needed.

"Ask the question: Have you been feeling depressed lately or unhappy about anything? Have you been feeling very anxious or worried? If teachers and parents asked these questions it would be worthwhile. The fact is much more research is needed."

Catts's experience in psychiatric wards has for him underlined the inadequacies of the system.

"People come in acutely ill — usually with delusions and hallucinations which could be after a period of substance abuse — and you get them a bit better. And then you discharge them but you never get them completely well," he says.

"Seventy per cent of people who are homeless have a mental illness. The police officers have this very difficult role of trying to manage that out on the streets."

"They bring them in to a hospital which doesn't have the treatments that will turn those problems around, so they just churn them through the ward with little improvement. This is where the expression 'revolving door syndrome' applies."

Catts says that youth suicide is all part of this tragic mix.

"A third of young people who

make attempts on their lives never report it to anybody. It's a huge, untreated burden. Their parents are never aware that they have tried to kill themselves."

Catts was first drawn to the treatment of psychiatric disorders when he was training to be a doctor.

"As a medical student I had to go to a jail as part of my training and there I saw hundreds — not just one or two — seriously mentally ill people. I guess it drove me in this direction," he says.

Catts concedes that the ethic of corporate philanthropy, needed to fund research, is nowhere near as widely embraced in Australia as it is in countries such as the US.

"Australians are most generous in a natural catastrophe situation but with problems that don't grab the headlines, Australian communities historically have not been very generous and I think it's because they think that it's a government problem and that it's why they pay taxes."

"But if that attitude prevails into the future, we're going to miss a lot of opportunities."

"I think the greatest evil in the world is suffering. Most of our problems come from that. In a moral sense, human suffering is an evil because it disturbs and damages people. I don't think there is any place for suffering."

If you agree — and how can you not? — the Queensland Schizophrenia Research Foundation can be contacted on 3346 4863.

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have psychiatric problems.

"We have to change that focus of GPs. Every time a teenager goes to a GP they should be asked: 'Do you feel depressed? Do you feel frightened or worried?'"

Like many lay people I'm familiar with the term "bipolar". Equally, I'm unsure of how the illness presents.

Catts explains: "Bipolar is an episodic disorder. There are periods, usually of at least

two weeks, where the person suffers depression every day and there is no obvious explanation as to why."

Catts makes the point that these diseases strike the young.

"All these illnesses start in teenage years. Three-quarters of all psychiatric illnesses and disorders start before the age of 25, so the whole focus of early detection should be on young people," he says.

"The fear of seeking mental