Defusing mines in the mind

For decades, schizophrenia has been swept under the carpet. Those caught in its grip have been misunderstood, ostracised, even locked away. But treatment breakthroughs, a new wave of support services and a gradual dawning of social awareness all point to a brighter future. In Schizophrenia Awareness Week (May 16-22) Benjamin Millar speaks with those who face its challenges daily and others trying to find a cure once and for all.
Steve Woolley knows he's lucky to be alive. His first attempt on his own life was an overdose of pills to put an end to the suffering.

The Melbourne man was a whisker's breadth from death when found by his best friend. Yet there were times Woolley wondered whether the certainty of oblivion wasn't better than the living hell of his early battles with schizophrenia.

"I was about 21 when I started hearing the voices," he says. "I got so bad I tried to take my own life. I took an overdose, went out and collapsed in the gutter. My best man was driving past; he still doesn't know why he was in the area. Maybe it wasn't my time to die."

The World Health Organisation regards schizophrenia as the third-biggest cause of all human disability. It affects one in 100 people, often appearing, as in Woolley's case, in early adulthood.

Now 55, Woolley still wears the mental scars of the event following his first suicide attempt. Four days into his hospital stay, police arrived and threatened to charge him over the incident.

"They took me to Royal Park Hospital. I was put in a straitjacket in a padded cell. They injected me and when I woke up there was just a mattress, a pillow and me in my underpants."

The next few weeks passed in a haze of powerful drugs that left him feeling "like a zombie".

Diagnosed with schizophrenia, Woolley was released into his parents' care. His life slipped into a downward spiral, his marriage broke down.

"I'd rather go to hell than through those things again; it was too unbearable. You feel there's no hope."

Yet a 20s, enjoying good health and a stable job in the public service, West Footscray's Jeff Galvin was in the prime of his life... then came the voices.

Because he was working with ASIO and the Federal Police he was subject to regular background checks. Paranoia took hold, followed by delusions, then hallucinations.

Identifying voices played havoc with his perception of reality — as did his other senses.

"I would hear a word or phrase and smell it. That's sick. I mean I'd smell vomit. It was a pretty bad time."

Enjoyed collapse some 25 years ago, Galvin manages his condition with medication, exercise and keeping an active social life.

Seated in his West Footscray home, encircled by posters of his musical heroes, he extols the virtues of enjoying life in its fullness.

Galvin is a local as a mental health advocate and peer educator in the western suburbs, drawing on his own experiences to guide others through difficult times.

He is a passionate campaigner for greater recognition of mental health issues and the need for paid employment for people with mental health disorders.

Schizophrenia is a long-term illness that can be managed but not cured. The illness is a lifelong challenge. There is no one-size-fits-all treatment and symptoms may vary from person to person.

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Although he managed to avoid the institutional trauma of a situation like Woolley's, his personal battles were no less demanding.

"There is a mirror that comes with delusional reality. The terror of psychosis, of knowing people are trying to poison you, of demons crawling out from behind rocks. The terror is blinding, it can seem like there's no respite from it, no escape but to take your own life."

Woolley also recalls hallucinations about demons and notes they have long been associated with issues around mental health. "There are some cultures where if someone has a mental illness, they think the devil is there."

Professor Christos Pantelis has other ideas.

A consultant psychiatrist for North West Mental Health's adult mental health rehabilitation unit at Sunshine Hospital, Professor Pantelis explains specificchanges occur in the brains of schizophrenics.

"What we think is happening is a problem with connectivity. When your frontal region needs to talk with another region, they will connect. In schizophrenics, these regions are not acting appropriately."

There are genetic factors at play, along with triggers such as stress, trauma and drug use.

As professor of neuropsychiatry and scientific director of the Melbourne Neuropsychiatry Centre, Professor Pantelis has headed a team of researchers undertaking neuroimaging and neuropsychological work on schizophrenia and psychosis since 1993.

Yet he freely admits exciting advances in the past 20 years still raise more questions than answers.

To this end he is leading research at the Australian Schizophrenia Research Bank — Australia's largest brain research project.

"We are collecting clinical, cognitive and genetic information, mapping the trajectory of changes in the brain."

Over five years, researchers will study 2000 people with schizophrenia and 2000 without.

Clinical assessment officer Sarah Gale says they have so far recruited about 350 subjects for the study.

She and fellow researcher Danielle Lowe draw blood for genetic data, ask questions about medical history, run tests to test memory and brain function then conduct a magnetic resonance imaging (MRI) scan to gain detailed information about the structure and integrity of the brain.

Professor Pantelis says this research has revealed fascinating things about what's happening in the brain's frontal lobe.

"This is where the higher-level thinking takes place: problem-solving, planning, organization and attention. We have been able to demonstrate that the amount of grey matter is reduced. This is probably responsible for other aspects of behaviour, people's emotional reactions to the world."

Having identified the way the brain changes at schizophrenia's onset, they can now trial prevention treatments such as using fish oils on young people who have been identified as vulnerable.

Despite such advances, and great leaps in treatment medication, a cure remains a distant hope.

It's 20 years since schizophrenia last hastened Woolley. He attributes his ability to lead a normal life to medication, family support and social services such as the Norwood Association in St Albans.

"Norwood gave people like us a second chance when a lot of people gave up on us. I tried to commit suicide 10 or 11 times."

"I couldn't tell you how many funerals I have been to over the years, people who have taken their own lives. If places like this didn't exist I don't know where we'd be."

One person who has never left Woolley's side is his mother. She says family support is crucial, a factor Galvin also highlights.

Another key salvation for Galvin has been channeling his energy into his greatest love: music.

He traces it back to his first two purchases: Brian Cadd's self-titled album and Don McLean's American Pie. "Back at a time I wasn't sick to death of it."

Galvin's home is decorated with posters of favourite musical acts, from Skyhooks to Adam Ant, but one figure looms large. An entire CD rack is given over to his musical hero, a chameleon figure of constant musical and personal reinvention: David Bowie.

When Galvin enthusiastically details his brushes with Bowie, they echo his own journey. From a nose-bleed seat in the farthest reaches of an MCG in grandstands in 1976 to the front row of Rod Laver Arena in 2004, his Bowie experience — like his own life — just keeps getting better.

Woolley, too, feels he's in a good place. Volunteering with the Norwood Association and chairing three committees, he refines giving back to the organisation he believes saved his life.

"There is always a light at the end of the tunnel. We're survivors."