

their motivation to donate and this information will be helpful in preparing future promotional activities for both transplantation and research programs. Their neuropsychological assessments have allowed us to derive preliminary normative Australian data on select populations, including those with schizophrenia and alcohol problems. The ABDP also has separate programs for Alzheimer's disease and movement disorders. All donated brains are processed in a standardized manner – one hemisphere is fixed in formalin, the other is frozen at  $-80^{\circ}\text{C}$ . A neuropathologist examines all cases and a psychiatric clinician establishes the neuropsychiatric status of the 'case', which must meet DSM-IV criteria. The status of 'control' cases is reviewed using the same process. A secured research database is used to manage all information in relation to each case. Hence, the TRC can provide fixed and frozen tissues from cases that are well characterized both clinically and pathologically. Researchers must complete a 'tissue request form' that outlines the research proposal and identifies their tissue requirements. They must show the scientific validity of the project and their expertise to work with human brain tissue. A scientific board evaluates each request for scientific merit and feasibility prior to approval. Over the past decade, the TRC has collected 445 cases. Tissues have been used for neuropathological, neuropharmacological, immunohistochemical, gene expression and proteomic analyses. Laser capture can be used for microdissection. Tissues have been sent to 108 researchers (84 national and 24 international) for 260 different projects. In 2004/2005, there were 35 research projects compared with a total of 34 projects in the first 5 years. There have been 94 peer-reviewed publications including 34 on neuropsychiatric disorders and 36 on alcohol use disorders. The most popular current research methodologies used by researchers are genomics (37%) and proteomics (31%), which require frozen brain tissue. This is different to the 1994/1999 period where 85% of tissue requests were for neuropathological studies (fixed tissues). The size of tissue samples required has decreased dramatically from blocks of 5–10 g in the 1990s down to 0.1 g of tissue today. Thus, one brain can be used for many different research projects. This increases the value and potential outcomes from each case. Data from different studies on the same cases can be cross-correlated – a value-added outcome. Human brain tissue from the TRC provides an important resource that will become progressively more useful as new techniques such as proteomics and genomics continue to develop and novel antibodies are developed for the further study of neuropsychiatric diseases.

## The long and winding road of schizophrenia research

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Research in schizophrenia is undergoing a far-reaching qualitative change as novel technologies ranging from neuroimaging to functional genomics are now center-stage, tending to dislodge traditional clinical research and, to some extent, epidemiology. By placing the emerging new visions of schizophrenia research in a historical perspective (including a personal account of the World Health Organisation-led research in the 1980s), the author highlights both the pitfalls and promises of current attempts at understanding schizophrenia and argues for a more dynamic two-way interaction between laboratory scientists and clinicians.

## Mental health literacy: the inside story of a research program

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**Background:** Mental health literacy covers knowledge and beliefs about mental disorders that aid the recognition, management or prevention of these disorders. This paper describes how a research program on mental health literacy started and how new directions evolved.

**Method:** Historical overview.

**Results:** The talk looks at the evolution of two strands of work. The first involves monitoring mental health literacy at a national level. This work initially showed poor recognition of disorders and beliefs about treatment that diverged greatly from those of mental health professionals. Subsequent work showed major improvements in Australia over quite a short historical period that was partly because of planned intervention. The second strand involves the development of Mental Health First Aid as an intervention to improve mental health literacy. This started as a small-scale local activity but has rapidly spread across Australia and to seven other countries. Finally, the talk examines the future directions that work on mental health literacy might take.

**Conclusion:** Research in this area has consisted of largely unplanned and serendipitous starts in new directions, which were followed by more stable periods of planned research activity.