

A Framework for Holistic Management of Schizophrenia in Sydney, Australia – A Case Study

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Abstract

Objective

The objective of this study is to develop and implement a framework of holistic management of Schizophrenia and evaluate its effectiveness in a professional environment.

Method

The method is based on hand on experience in management of a schizophrenia suffer. Based on this experience, a holistic framework has been proposed. This framework includes:

- Clinical intervention – medical treatment
- Suicide prevention
- Counselling
- Finance
- Accommodation – Community living
- Independent living skill
- Relationship
- Friendship
- Entertainment
- Stigma
- Job
- Education
- Alcohol and Other Drug issues
- Domestic Violence
- Regular exercise for overweight due to medication
- Any other health issues

- Insurance related issues
- Public Trustee and guardianship

With 10 years of experience in hands-on management of Schizophrenia, I have developed and implemented this framework with spectacular outcome.

Results

Application of this framework has produced spectacular outcome for this sufferer. This framework will be formally evaluated by a computerised web-based survey questionnaire and the results statistically analysed by the back-end computing system and displayed.

Conclusions

This framework is based on resources available in Sydney. The formal evaluation of this framework is pending. For other metropolitan cities and regional areas of Australia more research is needed to identify relevant resources. Again with implementation of this framework of holistic management of schizophrenia and more meaningful clinical intervention for Schizophrenia, I firmly believe with time Schizophrenia suffer will have more and more meaningful and productive life

1.0 Introduction

Before we look at the sector from a historical perspective, let's examine the definitions of [1]:

- Mental illness
- Mental disorder
- Mental health problem.

Do they have the same meaning? How are the terms used among professionals in the mental health field?

The definitions below are adapted from the Department of Health and Ageing website:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-w-whatmen-toc~mental-pubs-w-whatmen-what>

mental illness	A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. The diagnosis of mental illness is according to standardised criteria.
mental disorder	The term mental disorder is used in the same way as mental illness .
mental health problem	Like the term mental illness , the term mental health problem also interferes with how a person thinks feels and behaves—but it is less severe than mental illness. Mental health problems are more common and include the mental ill health that can be experienced temporarily—as a reaction to life's stresses. Although mental health problems are less severe than mental illnesses, they may develop into a mental illness if they are not effectively dealt with.

1.1 Demonstrate consideration of the historical context of the sector in all work

1.1.1 Attitudes to mental health

Evidence of what we now call mental illnesses or mental health problems can be found as far back in history as early Egyptian civilisation and across all cultures. What has been different across time and between cultures is the way various societies have tried to explain the causes of mental illness, and the way people with a mental illness have been treated by their families, communities and governments.

Past attitudes in Europe

“... imbalance of bodily fluids”

“...witches...possessed by evil spirits”

“...their own fault... sign of their own weakness”

“...can't cure them... lock them away”

Present attitudes (since early 1900s)

“...can be managed...can improve”

“...de-institutionalise”

“...community care—not long-term hospitalisation”

1.1.2 Early attitudes

Early attitudes towards mental illness ranged from a belief that the person was possessed by evil spirits to that of ancient Greece where illnesses of both the mind and the body were seen as being caused by an imbalance in bodily fluid.

1.1.3 Medieval times

While early Christianity promoted the view that care and protection of people with a mental illness was a religious duty, by medieval times in Europe mental illness was seen as a sign of heresy, or possession by demons and thus a sign of being a witch. ‘Treatments’ ranged from being burnt as a heretic or witch to being banished from society.

1.1.4 17th century

In the 1600s (17th century), mental illness was considered to be a condition of the mind caused by the sufferer's own moral weakness or corruption. In England, those considered ‘insane’ were increasingly locked up in poorhouses, and by the 19th century, in large ‘asylums’ built on the outskirts of cities or in isolated country areas. The dominant belief at this time was that mental illnesses were medical conditions which were largely incurable, and people with such illnesses needed to be segregated from ‘normal’ people. Treatments included bleeding and cold water baths.

1.1.5 20th century

Since the early 1900s (20th century), there have been many changes in the way Western societies have responded to people with mental illness, particularly in the move away from segregated care. Dominant views of mental illness shifted from ‘an incurable medical condition’ to a medical condition that could be controlled, improved or even cured through appropriate medical and psychological treatments.

New physical treatments, such as the discovery of antipsychotic drugs in the 1940s which were more effective than past treatments in controlling the more severe symptoms of mental illness, led to people with mental illnesses spending less time in institutions. Also important in the move towards ‘de-institutionalisation’ was increasing community concern about actual and perceived abuse of people with mental illness residing in institutions and the increasing costs to governments of maintaining large institutions.

1.1.6 Australia (since European arrival)

Mental health care in Australia following European colonisation in 1788 imported and reproduced the system of care in England, although people with mental illnesses were initially held in jails, as Australia had no poorhouses.

The first asylum was set up in Sydney in 1811 at Castle Hill, and segregated care in large psychiatric hospitals became the norm until the 1950s, when advances in anti-psychotic drug treatments allowed for some existing patients to be discharged into the community, and some new patients to be treated within the community. Since then, the structure and delivery of mental health services in NSW has altered significantly.

1.2 Current attitudes towards people with mental health problems

If you are already working in the community services sector, try to speak to people with mental health problems about the society's attitudes towards them and the hurdles that they encounter in society. Also find a worker with experience in the sector and talk to them.

Some of the issues you could explore are:

- Is it easy for them to find accommodation?
- What kinds of problems might there be maintaining relationships?
- How do people with mental illness go about finding employment?
- Is it easy for them to get insurance?

The definition of holistic is relating to the idea that things should be studied as a whole and not just as a sum of their parts [2]. In Schizophrenia a holistic framework is of paramount importance. This framework includes:

- Clinical intervention – medical treatment
- Suicide prevention
- Counselling
- Finance
- Accommodation – Community living
- Independent living skill
- Relationship
- Friendship
- Entertainment
- Stigma
- Job
- Education
- Insurance needs
- Public Trustee and guardianship
- AOD issues – Alcohol and Other Drug issues
- Domestic Violence

- Regular exercise for overweight due to medication
- Any other health issues

With 10 years of experience in hands-on management of Schizophrenia, I have developed and implemented this framework with spectacular outcome.

2.0 Method

2.1 Symptoms

Schizophrenia is a brain disorder that affects the way a person acts, thinks, and sees the world. People with schizophrenia have an altered perception of reality, often a significant loss of contact with reality. They may see or hear things that don't exist, speak in strange or confusing ways, believe that others are trying to harm them, or feel like they're being constantly watched. With such a blurred line between the real and the imaginary, schizophrenia makes it difficult—even frightening—to negotiate the activities of daily life. In response, people with schizophrenia may withdraw from the outside world or act out in confusion and fear.

Most cases of schizophrenia appear in the late teens or early adulthood. However, schizophrenia can appear for the first time in middle age or even later. In rare cases, schizophrenia can even affect young children and adolescents, although the symptoms are slightly different. In general, the earlier schizophrenia develops, the more severe it is. Schizophrenia also tends to be more severe in men than in women.

Although schizophrenia is a chronic disorder, there is help available. With support, medication, and therapy, many people with schizophrenia are able to function independently and live satisfying lives. However, the outlook is best when schizophrenia is diagnosed and treated right away. If you spot the signs and symptoms of schizophrenia and seek help without delay, you or your loved one can take advantage of the many treatments available and improve the chances of recovery [3].

2.2 Possible causes

No single cause of schizophrenia has been identified, but several factors have been shown to be associated with its onset.

Men and women have an equal chance of developing this mental illness across the lifespan, although the onset for men is often earlier.

2.2.1 Genetic factors

A predisposition to schizophrenia can run in families. In the general population, only one percent of people develop it over their lifetime, but if one parent has schizophrenia, the children have a 10 percent chance of developing the condition - and a 90 percent chance of not developing it.

2.2.2 Biochemical factors

Certain biochemical substances in the brain are believed to be involved in schizophrenia, especially a neurotransmitter called dopamine. One likely cause of this chemical imbalance is the person's genetic predisposition to the illness. Complications during pregnancy or birth that cause structural damage to the brain may also be involved.

2.2.3 Family relationships

No evidence has been found to support the suggestion that family relationships cause the illness. However, some people with schizophrenia are sensitive to any family tension, which for them may be associated with recurrent episodes.

2.2.4 Stress

It is well recognised that stressful incidents often precede the onset of schizophrenia. These may act as precipitating events in vulnerable people.

People with schizophrenia often become anxious, irritable and unable to concentrate before any acute symptoms are evident. This can cause problems with work or study and relationships to deteriorate. Often these factors are then blamed for the onset of the illness when, in fact, the illness itself has caused the stressful event. It is not, therefore, always clear whether stress is a cause or a result of schizophrenia.

2.2.5 Alcohol and other drug use

Harmful alcohol and other drug use, particularly cannabis and amphetamine use, may trigger psychosis in people who are vulnerable to developing schizophrenia. While substance use does not cause schizophrenia, it is strongly related to relapse.

People with schizophrenia are more likely than the general population to use alcohol and other drugs, and this is detrimental to treatment.

A considerable proportion of people with schizophrenia have been shown to smoke, which contributes to poor physical health [4]

The implemented framework has two broad categories – clinical intervention and non-clinical intervention.

3.1 Clinical Intervention

The following popular drugs are used for treatment of schizophrenia [5]:

Abilify

generic name: aripiprazole class: atypical antipsychotics

Abilify Maintena

generic name: aripiprazole class: atypical antipsychotics

Clozaril

generic name: clozapine class: atypical antipsychotics

Fanapt

generic name: iloperidone class: atypical antipsychotics

FazaClo

generic name: clozapine class: atypical antipsychotics

Geodon

generic name: ziprasidone class: atypical antipsychotics

Invega

generic name: paliperidone class: atypical antipsychotics

Invega Sustenna

generic name: paliperidone class: atypical antipsychotics

Latuda

generic name: lurasidone class: atypical antipsychotics

Loxitane

generic name: loxapine class: miscellaneous antipsychotic agents

Mellaril

generic name: thioridazine class: phenothiazine antipsychotics

Risperdal

generic name: risperidone class: atypical antipsychotics

Risperdal Consta

generic name: risperidone class: atypical antipsychotics

Saphris

generic name: asenapine class: atypical antipsychotics

Seroquel

generic name: quetiapine class: atypical antipsychotics

Seroquel XR

generic name: quetiapine class: atypical antipsychotics

Stelazine

generic name: trifluoperazine class: phenothiazine antipsychotics

Thorazine

generic name: chlorpromazine class: phenothiazine antiemetics, phenothiazine antipsychotics

Zyprexa

generic name: olanzapine class: atypical antipsychotics

Zyprexa Zydis

generic name: olanzapine class: atypical antipsychotics

Though I am not an expert in this field, my experience indicated that Clozapine is the most effective drug for my client though it increases the white blood cell count and needs regular monitoring.

3.2 Non-Clinical Intervention

Non-clinical intervention has the following elements:

- Counselling – Lifeline; Website: www.lifeline.org.au
& Professional Counselling Services
- Suicide prevention - Lifeline
- Finance – Centrelink Disability Support Pension and Special Disability Trust;
Website: <http://www.humanservices.gov.au/customer/services/centrelink/special-disability-trusts>
- Accommodation – Community living – The **Housing and Accommodation**

Support Initiative (HASI);

Website: www.housing.nsw.gov.au/.../Housing+and+Accommodation+Support+In

- Independent Community Living Association (ICLA); Website: <http://www.icla.org.au/home/>;
- Parramatta Mission; Website: www.parramattamission.org.au
- *Neami*; Website: www.neaminational.org.au
- Independent living skill – ICLA, Hasi at Home, Neami & Parramatta Mission
- Insurance need – MTAA Super provides an automatic death insurance and Total and Permanent Disability (TPD) insurance if you become their member in personal capacity; Website: www.mtaasuper.com.au/
- Public Trusteeship and guardianship – NSW Trustee and Guardian; Website: <https://www.tag.nsw.gov.au>
- Relationship – Relationship Australia; Website: www.relationships.org.au/
- Friendship – Compeer; Website: <http://compeer.org/>
- Entertainment – Encourage the client to practice the hobbies and make arrangement for progress
- Stigma – Counselling by professional counsellors and other relevant agencies such as SANE Australia; Website: www.sane.org
- Job – Supported job agencies such as RichmondPra; Website: <https://www.richmondpra.org.au/>
- Education –OTEN, Tafe, Open University, Distance learning
- AOD issues – Alcohol and Other Drug issues – AlcoholicAnonymous; Website: <http://www.aa.org.au/> and other rehab agencies such as GROW; Website: <http://www.grow.org.au/>
- Domestic Violence – Lifeline and other relevant agencies
- Regular exercise for overweight due to medication – The medication for

schizophrenia causes over weight. This issue must be address by encouraging the client to do regular exercise either in a nearby Gym or at home

- Any other health issues – These issues must be addressed on a case to case basis.
- Coordination with area mental health services – they provide a case manager
- Day-care activities programme for cooking lessons and other entertainments such as GROW
- Self-support group such as GROW
- Carer support such as Carer NSW; Website:www.carersnsw.org.au
- Empowering the client to take their own decision so that a recovery plan can be formulated and implemented.
- Insurance Needs- MTTA super provides an automatic Death insurance and TPD if you become a private member; Website:www.mtaasuper.com.au/

3.0 Results

The challenges faced by this client were:

This client is 30 years old male. He was diagnosed with Schizophrenia when he was 20 years old. He was studying Bachelor of Psychology then. Subsequently he could manage to complete 75% of the course but could not finish the degree because of his mental health issues. In last 10 years he has been admitted into the hospital for 3 times – sometime with the assistance of police. At the onset of his disease, he was violent and refused to take medication – so he has to be admitted to the hospital. He is being assisted by case worker from area mental health services. Though advised by area mental health services doctor to be on Clozapine, he refused to take it as it was explained to him that it may affect this white blood cell count. He was on Respiradal and Abilify. At that stage it was advised to him by his parents that he needs more specialised clinical consultation and Dr. Pat Mc,Gorry ,Australian of the year 2010, Website:www.patmcgorry.com.au/in Melbourne was consulted. He advised to put him on Clozapine. The client agreed to his advice.

Presently he is on Clozapine 225 mg and recovered a lot. He is near normal now. He is the only child and presently lives with his parents. The main issues are:

- Financial Support

He is on Centrelink disability support pension. As he lives with his parents, he can manage with this support.

- Living skill

He works 3 days a week with supported income. But whenever he does not go for work, he sleeps up-to 12 PM. He can cook few simple items but does not clean his room and does not wash his clothes. His parents are working with him on these issues. He is on waiting list on Neami for low care Hasi at home programme.

Neami Website: <http://www.neaminational.org.au/>

- Recreation

He learns and plays guitar.

- Job

He works 3 days per week on an assisted job in a ware house run by RichmondPra.

Website: <https://www.richmondpra.org.au/>

- Social interaction

All his previous friends have deserted him at the onset of his mental health issues. He does not have any friend now. His only companion is his parents now. He is close to his mother and is very much dependent on her. He sometime attends day activities programme with the support of case worker. Sometime Compeer organises a friend for him but the relationship does not last long

Compeer Website:

https://www.vinnies.org.au/page/Find_Help/NSW/Compeer_Friendship_Program/

- Alcohol

Though he takes a controlled amount of alcohol, he has stopped it on counselling by his GP.

- Exercise

He goes to the nearby gym regularly

- Education – He is considering starting Certificate IV in Mental Health with OTEN, TAFE, NSW
- Day care activities – He attends day care programme with his area mental health service case manager for cooking lessons
- Self-support group – He has agreed to attend sessions in GROW along with his mother

But for formal analysis, following evaluation techniques will be implemented:

A survey questionnaire will be formulated both on clinical and non-clinical

elements of the framework. The survey response will be statistically analysed to measure the effectiveness of the framework.

2.1 Clinical Survey

surveyforclinicalinterventionofschizophrenia.com (Under Construction)

This website is password protected. Participation in survey by invitation only.

Questionnaire:

Affiliation: Textbox

Years of Experience – Radio-Button

Abilify

generic name: aripiprazole class: atypical antipsychotics

Effectiveness (1 being least effective – 5 being most Effective) – Radio-Button

Harmful Side effects (1 being least effective – 5 being most Effective) – Radio-Button

Overall Rating (1 being least effective – 5 being most Effective) – Radio-Button

Clozaril

generic name: clozapine class: atypical antipsychotics

Effectiveness (1 being least effective – 5 being most Effective) – Radio-Button

Harmful Side effects (1 being least effective – 5 being most Effective) – Radio-Button

Overall Rating (1 being least effective – 5 being most Effective) – Radio-Button

Mellaril

generic name: thioridazine class: phenothiazine antipsychotics

Effectiveness (1 being least effective – 5 being most Effective) – Radio-Button

Harmful Side effects (1 being least effective – 5 being most Effective) – Radio-Button

Overall Rating (1 being least effective – 5 being most Effective) – Radio-Button

Risperdal

generic name: risperidone class: atypical antipsychotics

Effectiveness (1 being least effective – 5 being most Effective) – Radio-Button

Harmful Side effects (1 being least effective – 5 being most Effective) – Radio-Button

Overall Rating (1 being least effective – 5 being most Effective) – Radio-Button

Saphris

generic name: asenapine class: atypical antipsychotics

Effectiveness (1 being least effective – 5 being most Effective) – Radio-Button

Harmful Side effects (1 being least effective – 5 being most Effective) – Radio-Button

Overall Rating (1 being least effective – 5 being most Effective) – Radio-Button

Overall Effectiveness of the framework for Holistic Management of Schizophrenia – Radio-Button

Any other Comments – Textbox

A sample screenshot is included below:

Questionnaire :: Survey For Clinical Intervention Of Scihizophrenia

Affiliation

Years of Experience 0 - 5
6 - 10
11 - 15
16 - 20
More than 20

A bilify
Generic Name: Aripiprazole atypical Antipsychotics

Effectiveness
(1 being least effective - 5 being most)

Harmful Side effects
(1 being least effective - 5 being most)

Overall Rating
(1 being least effective - 5 being most)

Clozariil
Generic Name: Clozapine Class: Atypical Antipsychotics

Effectiveness
(1 being least effective - 5 being most)

Harmful Side effects
(1 being least effective - 5 being most)

Overall Rating
(1 being least effective - 5 being most)

Mellariil
Generic Name: Thioridazine Class: Phenothiazine Antipsychotics

Effectiveness
(1 being least effective - 5 being most)

Harmful Side effects
(1 being least effective - 5 being most)

This questionnaire will be sent to 20 Psychiatrists and their response will be analysed.

2.2 Non-clinical Survey

For non-clinical aspect following questions will be included:

Website: surveyfornonclinicalinterventionofschizophrenia.net. (Under Construction) This website is password protected. Participation in survey by invitation only.

Affiliation – Text Box

Professional Experience in Years Radio-button

- Counselling – (1 being least important – 5 being highest important) – Radio-button
- Suicide prevention -Radio-button

- Finance – (1 being least important – 5 being highest important) - Radio-button

- Accommodation – Independent Community living – (1 being least important – 5 being highest important) - Radio-button

- Independent living skill – (1 being least important – 5 being highest important) - Radio-button
- Insurance Needs - (1 being least important – 5 being highest important) – Radio-button
- Public Trustee and guardianship - (1 being least important – 5 being highest important) – Radio-button

- Relationship –(1 being least important – 5 being highest important) - Radio-button

- Friendship –(1 being least important – 5 being highest important) - Radio-button

- Entertainment – (1 being least important – 5 being highest important) - Radio-button

- Stigma – (1 being least important – 5 being highest important) - Radio-button

- Job – (1 being least important – 5 being highest important) - Radio-button

- Education – (1 being least important – 5 being highest important) - Radio-button
- AOD issues – (1 being least important – 5 being highest important) - Radio-button
- Domestic Violence – (1 being least important – 5 being highest important) - Radio-button
- Regular exercise for overweight due to medication – (1 being least important – 5 being highest important) - Radio-button
- Any other health issues – (1 being least important – 5 being highest important) - Radio-button
- Coordination with area mental health services – they provide a case manager - (1 being least important – 5 being highest important) - Radio-button

- Day-care activities programme for cooking lessons and other entertainments such as GROW - (1 being least important – 5 being highest important) -Radio-button
- Self-support group such as GROW - (1 being least important – 5 being highest important) - Radio-button
- Carer support such as Carer NSW - (1 being least important – 5 being highest important) - Radio-button
- Empowering the client to take their own decision so that a recovery plan can be formulated and implemented - (1 being least important – 5 being highest important) - Radio-button

- Overall Rating of the Framework for Holistic Management of Schizophrenia - (1 being least important – 5 being highest important) – Radio-button
- Any Other Comments - Textbox

A snapshot of the survey questionnaire is included below:

Questionnaire :: Survey For Non Clinical Intervention Of Schizophrenia

Affiliation	<input type="text"/>
Years of Experience	<input type="radio"/> 0 - 5yr <input type="radio"/> 6 - 10yr <input type="radio"/> 11 - 15yr <input type="radio"/> 16 - 20yr <input type="radio"/> More than 20yr
Counselling	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Suicide Prevention	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Insurance Need	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Finance	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Accommodation – Independent Community Living	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Independent Living Skill	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Relationship	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Friendship	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)
Entertainment	<input type="radio"/> ★ <input type="radio"/> ★★ <input type="radio"/> ★★★ <input type="radio"/> ★★★★ <input type="radio"/> ★★★★★ (1 being least important – 5 being highest imp)

The survey questionnaire will be sent to 20 practising professional in this field and their response analysed.

2.3 Survey Response Websites

Survey response website for clinical elements is:

surveyresponseforclinicalintervention.net. (Under Construction)

Password: gan300guly

Survey response website for non- clinical elements is:

surveyresponsefornonclinicalintervention.net. (Under Construction)

Password: gan400guly

4.0 Discussion

Though universal in nature, framework is based on resources available in Sydney. This framework needs customisation depending on the geographical location and available resources. Again with implementation of this framework and advancement in more meaningful clinical intervention for Schizophrenia, I firmly believe that with time Schizophrenia sufferers will have more and more meaningful and productive life.

Ref [1]: Learning Resource Material: CHCMH401A Work effectively in mental health settings
, OTEN, TAFE, NSW;

Ref [2]: <http://www.yourdictionary.com/holistic> accessed on 19/02/2015; © 1996-2015 LoveToKnow, Corp. All Rights Reserved. Audio pronunciation provided by LoveToKnow, Corp.

Ref [3]: <http://www.helpguide.org/articles/schizophrenia/schizophrenia-signs-types-and-causes.htm>; accessed on 19/02/2015; © Helpguide.org. All rights reserved. This site is for information only and NOT a substitute for professional diagnosis and treatment

Ref [4]: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-w-whatschiz-toc~mental-pubs-w-whatschiz-cau>; accessed on 19/02/2015; Commonwealth of Australia, ABN:83 605 426 759 ABN: 83 605 426 759 © Commonwealth of Australia ABN: 83 605 426 759

Ref [5]: <http://www.drugs.com/condition/schizophrenia.html>; Copyright © 2000-2015 Drugs.com. All rights reserved