Background: Surveys consistently show that the top priority of people with mental illness is participation in the open labor market. Despite this finding, the employment outcome for people with psychotic illnesses is not good. At the onset of illness, unemployment rates of 40%–50% are commonly found. For those who develop schizophrenia, unemployment rises to 70%–95%. These figures are troubling to consumers, clinicians and politicians. Individual Placement and Support (IPS) is a vocational intervention, which has been developed and trailed successfully in populations with chronic serious mental illness in America. To date, there has been no published randomized trial of IPS in early mental illness. This study aimed to examine the efficacy of IPS in a randomized controlled trial with people with first-episode psychosis.
Methods: Clients of EPPIC at ORYGEN in Melbourne who wished to find work were randomized to treatment as usual (TAU) ($n = 20$) or TAU + IPS ($n = 20$). The IPS condition involved working with an employment consultant who was integrated with the mental health team.
Results: Results to be presented will show that clients in the IPS group achieved greater employment outcomes than those in the TAU-only group. Other results will be presented examining symptomatic and functioning factors.
Conclusions: There is an increasing recognition that the rehabilitation of people with mental illness needs to take into account functional as well as symptomatic domains. Although there are structural obstacles making this more difficult, the current project shows what is possible with minimal extra resources.

Diagnosing mild cognitive impairment – a data-driven approach

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Background: There has been increasing research interest in the concept of mild cognitive impairment (MCI) as a prodrome to Alzheimer's disease and other dementias. Several diagnostic schemas have been proposed with a central feature being the presence of cognitive impairment in one or more domains. But how should cognitive impairment be determined? Which tests, how many and what cut-offs should be used? The current study uses a data-driven approach to determine patterns of healthy cognitive functioning and impairment in a community sample of older adults.
Methods: Four hundred adults aged 70–90 years completed a comprehensive neuropsychological assessment as part of the Memory and Ageing Study, Sydney.
Results: Prevalence of cognitive impairment across the domains of memory, language, psychomotor speed, visuospatial and frontal-executive functions varied considerably when different sources of normative data, demographic corrections, cut-scores and clusters of tests were applied.
Conclusions: MCI is a very difficult construct to define at an individual and group level. This study provides much needed normative neuropsychological data in an Australian older adult sample. Longitudinal data will inform us about the most sensitive and specific neuropsychological profile that will predict those who progress to dementia.

The effects of adjunctive estradiol on cognitive performance in women with schizophrenia

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Background: Development of pharmacological strategies for improving cognitive impairment has recently become a key issue in the treatment of schizophrenia. The steroid hormone estrogen is hypothesized to be protective for women with schizophrenia and has been found to exert positive effects on specific cognitive domains in healthy postmenopausal women. We have previously reported a significant improvement in psychopathology ratings associated with adjunctive estrogen treatment. We additionally investigated the effects of adjunctive estrogen treatment on cognitive function in women with schizophrenia.
Methods: Fifty women of childbearing age with schizophrenia or schizoaffective disorder received 100 μg/day transdermal estradiol or placebo for 4 weeks, under double-blind conditions. The cognitive battery, assessing attention, verbal fluency, memory and executive function, was administered at baseline and at 4 weeks. Hormone assays were collected, and psychopathology was measured weekly.
Results: Results indicated no significant changes in cognition following 4 weeks of adjunctive estrogen treatment. While baseline endogenous estrogen levels were also not significantly related to cognitive function, there was a correlation found between LH and a measure of information processing.
Conclusions: Short-term estrogen treatment as an adjunct to antipsychotics does not significantly alter cognitive functioning, despite significant improvements in psychopathology ratings. It may be that estrogen treatment has selective effects on psychopathology;