

Conclusions: The introduction of acute sedation practice guidelines in the Alfred in-patient psychiatry service improved staff safety by decreasing the number of staff injuries and improved patient outcomes by decreasing the number of patient falls and patient-on-patient assaults.

Wagging the black dog: predicting depression severity using neuropsychological measures

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Background: Depression poses an enormous burden on both the individual and the community. However, relatively little is known about the mechanisms that underpin the disorder. Core neuropsychological domains include memory, executive, sensorimotor, attention and verbal functions. However, the conceptualization of depression usually involves the implementation of discrete variables. We decided to integrate these core neuropsychological domains to predict depression severity.

Methods: Fifty patients clinically diagnosed with major depressive disorder and 200 age- and sex-matched controls undertook a neuropsychological test battery. A regression analysis was carried out to predict depression severity, as indexed by scores on the Hamilton Rating Scale for Depression-17 and Depression, Anxiety and Stress Scales.

Results: Preliminary regression analyses show that an integration of neuropsychological indexes from the core domains predicted depression severity. Statistically significant interactions between these variables also predicted depression severity.

Conclusions: We showed that integrating theoretically relevant neuropsychological variables such as sensorimotor and verbal functions provided valuable insight into the understanding and prediction of depression severity. These findings offer insight into the endophenotypic nature of major depressive disorder. Future studies could implement similar methodology for the prediction of treatment response in depression.

The mental health and well-being of rural people: a pilot study measuring community factors

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Background: This study was a pilot for an NHMRC-funded project examining mental health and well-being among 4000 rural households in New South Wales.

Aim: To investigate relationships between novel indexes detailing perceived features of the rural community and psychological distress.

Methods: A survey was mailed to 2000 adults (aged 18 years or older) randomly selected through the electoral roll from four local government areas of varying remoteness. Perceived community support (infrastructure and support networks) and community attachment were measured using items from a 'Community Participation Survey' and 'Feelings about Living in the Community' (Higginbotham et al. 2005). Postulated rural stressors included drought impact and access to health care. Psychological distress was measured using the Kessler-10.

Results: The sample ($n = 449$; response rate 24%) was slightly overrepresented by women (58%) and older age groups (mean 51 years ± 15) and 29% were farmers/farmworkers. Moderate to very high psychological distress ($K10 > 15$) was reported in 23% of the sample. 'Worry/stress' from the drought was reported by 57% of respondents. Psychological distress also correlated with 'worry/stress' from rural stressors. In a hierarchical regression analysis, neuroticism, perceived health, number of stressful life events and perceived community support and attachment explained 52% of the variance in psychological distress.

Conclusions: This pilot study has highlighted an association between perceived features of the rural community and mental health, which will be explored in greater detail in our ongoing research investigating determinants of mental health and well-being within rural communities.

Adolescent alcohol use and mobile phone experience sampling in a clinical setting: an innovative, youth friendly approach to research

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Background: Adolescent alcohol use is a continuing problem probably influenced by many motivational factors. Capturing the daily experiences of young people may increase understanding of these factors and momentary sampling provides a possible means to do so. The aim of this study was to develop a mobile phone momentary sampling program to monitor the daily experiences of young people who drink alcohol at high-risk levels and track their moods, stresses and activities across each day. A concurrent aim was to pilot the program in a clinical setting.

Methods: An electronic diary (ED) run on mobile phones was trailed with eight young people recruited from a youth health clinic that regularly drank alcohol. The ED assessed alcohol use, mood, stresses and activities. Participants were asked to complete the ED four times each day for 1 week and provide feedback about the diary's effectiveness and ease of use.

Results: Drinking alcohol was associated with cooking/eating and study/homework. While drinking, participants were mostly alone (33.3%) or with their partner (33.3%) and drank to relax (33.3%) or feel good (16.7%). Participants generally had low negative mood while drinking and drank from 0 to 5 times a week.

Conclusions: After some setbacks, the ED was successfully implemented in a clinical setting. Responses to the diary provided a rich variety of information including information on mood, stresses, activities, alcohol and marijuana use. Participants' feedback on how they found the diary was also useful and provided good suggestions on how to improve the diary for further studies.

The SHADE Project: self-help for alcohol/other drug use and depression

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Background: The co-occurrence of depression and alcohol/other drug misuse is more common than expected by chance alone. Despite this, an effective program of treatment is yet to be established for people experiencing this comorbidity. This is a concern, given rates of depression and alcohol misuse are on the increase.

Aim: This paper will report on the posttreatment alcohol/other drug- and depression-related outcomes of the SHADE project, a large-scale, multisite study of computerized psychological treatment.

Methods: SHADE participants were those with current levels of depression and current problematic use of alcohol, cannabis or amphetamines. Following an initial assessment, participants received one face-to-face case formulation session with a therapist and were subsequently randomized to receive nine sessions of SHADE therapy through a therapist, nine sessions of SHADE therapy through a computer or nine sessions of person-centered (supportive) counseling. Follow-up occurred at posttreatment, 6- and 12-month follow-up.

Results: Posttreatment results will be reported for the 250 participants recruited to the study in rural/remote and urban NSW.

Conclusions: Computerized treatment is not meant as a stand-alone therapy. The results from this study suggest that computer-based interventions can produce important gains for people with depression and alcohol/other drug use comorbidity. Further implications will be discussed.

Mental health first aid standards for self-harm

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Background: Mental disorders are highly prevalent, but many people do not seek help for them. We aim to develop mental health first aid standards for a number of mental disorders and related crises. Deliberate, non-suicidal self-injury is becoming more common, particularly among young people. Little is known about how to prevent repetition or support someone who is deliberately harming him/herself.

Methods: The methodology of this study is the 'Delphi method', a technique for determining consensus. Initially, we searched for claims and suggestions about how to help someone who engages in deliberate self-harm. Searching the medical literature, carer's manuals, memoirs, pamphlets and Web sites, very little was found. Round 1 of this study instead asked people to write in their own words what might be the right thing to do. Questions have been generated from these written answers. Respondents are clinicians or researchers, carers and consumers from Australia, New Zealand, Canada, the UK and the United States.

Results: The majority of the participants felt that 'stopping someone' from injuring him/herself is counterproductive. The two emphases are on dealing medically with any serious injuries and allowing the person space to talk about his/her distressing feelings.

Conclusions: These standards will be used in Mental Health First Aid training and will be widely available to members of the public who are concerned about a family member or friend who is engaging in self-injury.

Vocational rehabilitation in first-episode psychosis: results of the first Australian randomized controlled trial of individual placement and support

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