health clinics in Melbourne ($n = 83$), their carers ($n = 60$) and their clinicians ($n = 66$) completed a questionnaire on the effectiveness, acceptability and side-effects of current, previous and early antipsychotic medicine. Medicine use was determined from clinical records.

Results: Patients were predominantly single middle-aged women. A significant shift over time toward atypical medicine use had occurred: 66% were currently taking atypicals; compared with early medicines, current medicines were three times more likely to be atypical (odds ratio: 2.95, 95% confidence interval: 1.48–5.88). Major discrepancies were noted in reports of medicines used between patients, carers, clinicians and clinical notes. Doctors made 61% of all recommendations for changes in previous medicines. There were few significant differences in perceived effectiveness, satisfaction and side-effects when comparing types of medicine. Health-related quality of life was associated with reported side-effects, but not with current medicine type.

Conclusions: There is a mutual lack of information and understanding about antipsychotic medicines between patients, their carers and clinicians. Greater reinforcement of provisions and incentives for collaborative treatment planning may be beneficial. Further studies of the uptake of atypical antipsychotics and their benefits should be conducted in real-world settings.

A comparison of the implementation of assertive community treatment in Melbourne and London

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Background: Differences in implementation of assertive community treatment (ACT) could explain variability in reported effectiveness.

Methods: The Pan London Assertive Outreach (PLAO) studies examined ACT implementation and effectiveness amongst 24 London teams (Wright et al. 2003; Billings et al. 2003; Priebe et al. 2003). The current study gathered data on team organization, staff and client characteristics from four Melbourne ACT teams using identical participant sampling and data collection methods to the PLAO studies (except client characteristics were collected from Melbourne team staff rather than case notes).

Results: Melbourne teams were significantly different from London cluster C teams so comparisons were with cluster A and B teams only. All Melbourne teams worked extended hours; they took greater responsibility for dealing with crises than the London teams. Three of the four Melbourne teams achieved a majority (>70%) of client contacts *in vivo* compared with only one third of the London teams. There were no significant differences between Melbourne and London teams regarding staff satisfaction and burnout. Client sociodemographic characteristics were very similar. Three quarters of all clients in both countries were admitted in the preceding 2 years but half the bed days were used in Melbourne.

Conclusions: An important difference in the implementation of ACT between Melbourne and London could be home visiting, a postulated 'active component' of models of home-based treatment. Melbourne teams may be more proactive in admitting patients at an earlier stage of relapse.

The impact of the introduction of an acute sedation practice guideline

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Method: A retrospective audit of patients admitted to the Alfred Psychiatry in-patient facility from 1 October 2004 to 31 January 2006. Patient demographics, in-patient length of stay and medication usage data were extracted from the patient's medical record. High-dependency unit (HDU) length of stay was also calculated. Information regarding Code Blues, Medical Emergency Team calls, Code Greys, staff and patient incidents, and patient seclusion were also collected.

Results: There were a total of 1563 admissions to Alfred Psychiatry in-patient units during the total study period. Of these admissions, 614 included treatment in the HDU, and 313 of these HDU admissions were available for collection. Staff injuries decreased significantly from 18 in the preimplementation period to 6 in the postimplementation period ($P = 0.02$), while patient falls also decreased significantly from 17 to 1 ($P = 0.0003$), and patient-on-patient assaults decreased significantly from nine to zero ($P = 0.007$). The number and length of seclusions trended up but not significantly ($P = 0.07$). The use of midazolam trended down, which was clinically, but not statistically, significant. There was also a significant increase in the mean total dose of oral olanzapine used as a when-required medication from 7.2 to 22.2 mg ($P = 0.003$).

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.