

measured on the SF-36. In general, depression was not associated with a diagnosis of either asthma or COPD.

Conclusions: The prevalence of depression was higher than in previous studies. Importantly, depression was more common in people with significant health risk factors but not with chronic lung diseases. Regular exercise was associated with a reduction in rates of depression. The possible reasons for this will be examined.

Stress Sampler I: psychosocial adjustment and psychiatric and physical comorbidity in diabetes mellitus

J Reddy^{1,2}, L Wedgwood³, J Siegel³, T Showyin³, A Finch³, K Baikie³, G Parker³, P Schofield⁴, P Mitchell², K Wilhelm^{1,3}

¹St Vincent's Hospital; ²School of Psychiatry, University of New South Wales; ³The Black Dog Institute, Sydney, Australia; and ⁴Prince of Wales Medical Research Institute, Sydney, Australia

Background: Diabetes mellitus is a chronic illness that causes significant psychological and physical morbidity. The psychological needs of patients with diabetes mellitus are often undetected and neglected. This paper describes preliminary data from the Stress Sampler Study designed to trial brief psychological interventions to improve psychological and physical health among patients with type I and type II diabetes mellitus. We describe psychosocial adjustment specific to diabetes mellitus and its association with psychiatric and physical comorbidity.

Methods: The Stress Sampler Study, commenced in July 2006, has been recruiting patients presenting to a hospital-based specialist diabetes clinic. Patients are administered the Patient Health Questionnaire, the Problem Areas in Diabetes Survey, SF-12 (physical and psychological self-report of functioning) and a clinical interview by a qualified psychiatrist as part of baseline assessment.

Results: We present preliminary data from the first 100 patients examining the usefulness of a specific diabetes-related measure of psychosocial adjustment and its association with psychiatric diagnosis and physical comorbidity.

Conclusions: These findings will contribute to the identification of specific psychological needs and problem areas among patients with diabetes. Knowledge of specific needs will greatly assist clinicians and researchers in the process of development of specific psychological interventions for patients with diabetes mellitus.

Exploring depressive symptoms in mid-adolescence: the integrated effects of life events and personality

N Reece, S Thomson, K Jarman, A Onley, N Turner, R Brown

University of Newcastle, Newcastle, Australia

Background: There is ample evidence that adolescent depressive symptoms are a precursor of depression in later life (Canals et al. 2002; Pine et al. 1999). The period of mid-adolescence is especially significant because it is regarded as a time of major developmental changes and challenges (Kardum & Krapic 2002). Although the majority of teens exhibit considerable resilience, the prevalence of depressive symptoms greatly increases during this transitional period, and there are several factors shown to create vulnerability in certain individuals.

Methods: This study explored an integrated model to investigate the possible moderating relationship between personality characteristics and stressful life events associated with a vulnerability to depression within mid-adolescence (Kardum & Krapic 2001). Using a retrospective design, 324 year 9 adolescents from Maitland-Newcastle high schools completed the Eysenck Personality Questionnaire-Junior, Adolescent Life Change Event Questionnaire and Centre for Epidemiological Studies-Depression Scale for Children.

Results: As expected, personality and life events were correlated with depressive symptomatology and female adolescents scored higher on most measures. Significant interactions indicate that although life events can predict depressive scores, neuroticism has a greater influence independently and by moderating the effects of stressful life events on depressive symptoms. Additionally, specific life events, such as appearance problems, may impact greater on adolescents' emotional adjustment.

Conclusions: Results suggest modest support for an integrated model in explaining depressive symptoms in mid-adolescence and indicate possible risk factors rather than causal relationships. Results would be enhanced by a prospective design.

Insensitivity to temporal context in schizophrenia

A Richards, J Todd, P Michie

The University of Newcastle, Australia

Background: Elicitation of the mismatch negativity (MMN) occurs when the auditory system detects

a mismatch between a current sound and the memory formed of a repetitious sequence. MMN can be conceptualized as occurring when a sound violates the context established by preceding events. Individuals with schizophrenia are known to show impairments in the ability to use context when processing the relevance of an event. In this study, we examined whether this impairment in using context would result in insensitivity to the effects of temporal context on MMN. Specifically, we explore how temporal context affects the MMN produced by healthy controls and individuals with schizophrenia.

Method: Eighteen patients and age- and sex-matched controls were presented with two sound sequences over headphones, with attention directed toward a silent movie with subtitles. In the Fixed stimulus onset asynchrony (SOA) sequence, MMN was measured to a 100-ms duration deviant among 50-ms standard tones at a regular 500-ms SOA. The same tones were used in the jittered SOA sequence, with irregular SOAs ranging from 250 to 750 ms.

Results: In controls, the MMN elicited by duration deviants with jittered SOA was significantly reduced compared with the same deviant occurring in a sequence with fixed SOA. However, changing temporal context/regularity had no significant impact on the MMN produced by the schizophrenia group.

Conclusions: The results indicate that individuals with schizophrenia have difficulty encoding and forming a model of the temporal context in which a sound occurs.

Research priorities in suicide prevention

J Robinson¹, E Schindeler², M Dudley², D De Leo³, T Jorm¹, S Harrigan¹, S Niner⁴, K Kryszynska³, J Pirkis⁴

¹ORYGEN Research Centre; ²Suicide Prevention Australia; ³Australian Institute for Suicide Research and Prevention; and ⁴Program Evaluation Unit, School of Population Health, The University of Melbourne, Melbourne, Australia

Background: Consistent with the evidence-based approach of the National Suicide Prevention Strategy and the goals of the LIFE Framework, the Commonwealth Department of Health and Ageing has funded a project designed to identify future areas of research to be addressed in suicide prevention.

Aims: The project aims to identify current priorities, as evidenced by research that has been funded and published over the course of the strategy (1999–2006), and to identify future priorities, by considering the gaps in existing research and by consulting with stakeholders.

Methods: There are four components to the project: 1) a systematic review of the published literature, 2) a review of suicide prevention research projects funded by key granting bodies, 3) a series of stakeholder focus groups and 4) a questionnaire for representatives from key stakeholder groups.

Results: Initial findings indicate that the majority of published literature is epidemiological, focusing on rates of suicide. There is little intervention research and little program or service evaluation. In contrast, the majority of funded projects are intervention studies. With regard to stakeholder priorities, several recurring themes emerged including the need for evaluating the efficacy of interventions, necessity of balancing individual risk factors with societal influences on suicide and the need for consideration of protective factors. The results from each component of the project will be presented in more detail.

Conclusions: The implications of these findings for future suicide prevention research will be discussed and recommendations for a national research agenda will be made.

Adaptation of a resilience program in NSW: the rural RAP

T Robinson

Centre for Rural and Remote Mental Health, Orange, Australia

Aim: To document the process of adapting an emotional resilience program for indigenous students.

Background: There are a number of programs in schools to enhance the emotional resilience of young people, but few studies have adapted programs for use with indigenous youth. During 2005, the Resourceful Adolescent Program (RAP) was adapted in collaboration with Aboriginal workers and community members from Bourke, Dubbo and Wellington prior to its implementation in four local high schools. This presentation will provide an overview of the adaptation process.

Methods: A steering committee comprising cultural consultants, representatives from the Department of Education and health workers oversaw the adaptation of RAP. An overarching participatory action framework was used to facilitate inductive knowledge about the adaptation of RAP.

Results: A total of 26 Aboriginal education consultants, assistants, tutors and community members participated in the adaptation and implementation of RAP. In terms of content, the overarching metaphor for well-being was adapted for rural youth and self-esteem activities were broadened to include cultural identity. In addition, process issues about small group facilitation with Aboriginal students were