

intervention tools, 2) the evaluation of the implementation of mental health screening and intervention within a range of drug and alcohol settings and 3) the best practice dissemination of the program. Each phase has undergone extensive evaluation. This presentation will overview the outcomes of phases 1 and 2 and outline the dissemination strategy including early evaluation results.

## Screening for distress including anxiety and depression in patients with cancer during in-patient admissions

S Lee<sup>1</sup>, L Katona<sup>2</sup>, S de Bono<sup>2</sup>, A de Castella<sup>1</sup>

<sup>1</sup>Alfred Psychiatry Research Centre and Monash University; and <sup>2</sup>The Alfred and Monash University, School of Psychology, Psychiatry & Psychological Medicine, Melbourne, Australia

**Background:** Up to 60% of patients with cancer experience long-term distress, with 20%–35% experiencing anxiety or depression. Many distressed in-patients are not identified or referred for psychosocial support until in crisis. The aim of this project was to trial a new system of screening in-patients to better identify distressed patients, to examine the causes of their distress and to improve psychosocial referral.

**Methods:** A total of 115 in-patients (78 men, 38 women) on the oncology ward at the Alfred Hospital in Melbourne were screened using two self-report tools: 1) Brief Symptom Inventory-18 (BSI) assessing somatic distress, depression and anxiety and 2) distress thermometer (DT) assessing global distress (0–10) and practical, emotional, spiritual and physical problems.

**Results:** About 52% of patients reported significant distress (50% on the DT, 20% on the BSI). Of these, 25% had not been followed up by psychosocial services. Newly diagnosed patients reported greater distress than patients receiving palliative or curative treatment. A psychiatric history was also associated with significantly greater distress. Problems with fatigue (66%), sleep (50%), eating (54%), fears (41%), loss of interest (34%), memory/concentration (31%) and finances (20%) were common. Family and friends, keeping busy, staying positive, staff expertise and care, setting goals, and maintaining a sense of normality were helpful coping strategies.

**Conclusions:** There is a high prevalence of unidentified distress in patients on the oncology ward, who would not normally be referred for psychosocial support. Proactive screening of patients can help detect distress and avoid crises by referral to psychosocial support services.

## NISAD's 'Gift of Hope' Brain Donor Program: a postmortem brain donor program for people with schizophrenia and allied disorders and those without mental illness

Y Lim<sup>1</sup>, T Garrick<sup>2</sup>, V Carr<sup>1,3</sup>, C Harper<sup>2</sup>

<sup>1</sup>Neuroscience Institute of Schizophrenia and Allied Disorders (NISAD);

<sup>2</sup>Discipline of Pathology, The University of Sydney, Australia; and

<sup>3</sup>Centre for Mental Health Studies, University of Newcastle, Newcastle, Australia

**Background:** Research using human brain tissue has a vital role to play in increasing our understanding of the neurobiology of schizophrenia and related disorders. Such research has been limited by an inability to meet demands for well-characterized tissue from clinical populations. To help address this issue, <sup>1</sup>Neuroscience Institute of Schizophrenia and Allied Disorders (NISAD) established the 'Gift of Hope' Brain Donor Program (GoH). The program invites people to consent to donating their brain postmortem for medical research into neuropsychiatric disorders. At the time of death, NISAD staff coordinate and facilitate the donation. Australian and international research groups may then apply for access to use these stored tissues for research.

**Methods:** As donation for research purposes is a separate and specific consent from organ donation for transplantation, donors give consent to noncoronial autopsy and donation. A clinical interview using the Diagnostic Interview for Psychosis is conducted, lifestyle and medical information is collected and neuropsychological assessments are performed. Assessments are repeated at regular intervals to document changes in brain function. To ensure high-quality tissue for biomedical research, rapid notification protocols are in place to minimize postmortem delay. Projects are evaluated by a scientific advisory committee prior to allocation of tissues to researchers.

**Results:** The program has registered 378 expressions of interest and completed 143 enrollments, including 33 donors with schizophrenia. Since 1998, three donations have been successfully facilitated and incorporated into the NSW Tissue Resource Centre.

**Conclusions:** The GoH has received strong community support and will be critical to future schizophrenia research.