to develop and maintain networks of nontraditional service providers to compensate for this lack of access; however, many agencies are unaware of each others' roles in maintaining the health of the community. A novel method of building and evaluating mental health service networks was trailed in rural New South Wales. **Methods:** Workshops providing education and support for agencies involved in providing services to rural communities were held in 12 locations. Participants' knowledge of mental health issues and the role of other support agencies, and their confidence in using this knowledge, were evaluated by pre- and postworkshop surveys. A new method of evaluating existing network strength and efficacy, using structured key informant interviews and network analysis methods, was trailed in several locations. Local service networks were re-evaluated following the workshops to determine the extent, direction and determinants of network change. **Results:** About 96 workshop participants completed pre- and postworkshop surveys. Significant improvements in knowledge, confidence and social distance were found. Local referral networks were successfully mapped and changes in local communities following the workshops were evaluated. **Conclusions:** Existing networks of service providers in rural communities have substantial capacity to act in nontraditional ways to improve the mental health of those communities. A relatively simple intervention, combined with ongoing support from local health agencies, can increase this capacity and the strength and efficiency of networks.

A taxometric exploration of alcohol and cannabis problems in a community sample

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Background: There is growing evidence that problems associated with substance use disorders (eg dependence and abuse) are most appropriately conceptualized using one or more continuous dimensions rather than as categorical 'yes/no' entities. Taxometric analysis is a statistical technique specifically designed to test this assertion. **Method:** DSM-IV symptoms associated with the use of alcohol and cannabis dependence and abuse were subjected to a taxometric analysis using data from a large epidemiological survey of mental disorders in the general population. **Results:** Alcohol use problems were best explained by a latent, continuous dimension ranging from mild to severe, while problems associated with using cannabis were best explained by a latent discrete category. **Conclusions:** These findings have implications for the way that substance use problems are measured and classified and show specificity with regard to the type of substance under investigation.

Diagnosing mild cognitive impairment: the problem with subjective complaints

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Subjective cognitive complaints (SCCs) are common in older adults with up to 88% of people aged over 85 years complaining of memory problems. The concept of SCCs is ill defined even though they comprise the first of Petersen's diagnostic criteria for mild cognitive impairment (MCI). There is little agreement on how to operationalize SCCs – is it sufficient to simply ask 'have you noticed problems with your memory or thinking?' Nonmemory cognitive complaints have been relatively ignored. The criterion is sensitive but not specific because SCCs are so common. Evidence suggests that SCCs correlate poorly with objective cognitive impairments. It is therefore important to examine the most useful way to define SCCs and whether they contribute significantly to the diagnosis of MCI. We are currently conducting a community study of memory and aging, during which each participant completes three different measures of SCC – two focused on memory and one that covers other cognitive domains. We present data from 300 participants aged 70–90, 35% of whom have cognitive impairment on neuropsychological testing. Cognitive impairment was defined as a result 1.5 SDs or more below normal for age. Cognitive complaints were common in our group – with each measure of SCC being affirmed by up to 66% of participants. We confirmed a lack of correlation between SCCs and objective cognitive impairment. No one measure of SCC was shown to be more accurate at predicting objective impairment than another. In conclusion, we question whether it is appropriate to preserve SCC as a diagnostic criterion for MCI.

Collective trauma: the case for a multilevel social-ecological perspective

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Background: Complex emergencies that follow war and natural disasters have an impact on not only the

individual but also on the family, community and society. Just as the mental health effects on the individual psyche can result in nonpathological distress as well as a variety of psychiatric disorders, massive and widespread trauma and loss can impact on family and social processes as well as the collective unconscious causing changes at the family, community and societal levels.

Methods: This ecological study used qualitative methods of Participatory Action Research in Cambodia and Northern Sri Lanka, while involved in community mental health programmes among the Tamil and Khmer communities. Participant observation, key informant interviews and focus group discussion with community relief and rehabilitation workers and officials were used.

Results: Fundamental changes in the functioning of the family and the community included the dynamics of single-headed families, lack of trust among members, and changes in significant relationships (mother-child), and childrearing practices. Communities were more dependent, passive, silent, without leadership, mistrustful and suspicious. Additional adverse effects included the breakdown in traditional structures, institutions and familiar ways of life, and deterioration in social norms and ethics. On the positive side, the study observed the emergence of community organizations, enhanced female role and leadership, and a decrease in suicide rates.

Conclusions: Exposure to conflict, war and disaster impact on family and community dynamics resulting in changes at a collective level. Relief, rehabilitation and development programmes will need to use integrated multilevel approaches.

Multilevel modeling of rural mental health

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Background: The lack of consistent findings regarding comparisons of mental health between rural and urban areas has been attributed in part to methodological shortcomings, including poor conceptualization of rurality. The influence of social environment context (community, family and individual factors) on mental health may be addressed through multilevel modeling. A rural mental health database was developed to address the diversity of rural communities and included data on health, lifestyle, social capital, climate patterns, agricultural activity and primary industry.

Aim: The study sought to investigate the association between mental health, health behaviours and social context in rural communities.

Method: Items from the NSW Health Survey were used, initially across the 37 Divisions of General Practice in New South Wales. The response variable of the percentage of people who had high or very high psychological distress, as measured by the K10, was regressed against social capital items (such as attending community events), health accessibility item (difficulties in accessing health care) and measures of rurality (remoteness, population density and changes in population structure over time).

Results and Conclusions: Associations between psychological distress and measures of health service accessibility, social capital, lifestyle and rural population changes will be reported. Analyses will be extended in a multilevel framework to include important agricultural, meteorological and environmental stress indicators, to assess the effects of drought on psychological distress. This analysis will be conducted using the 176 local government areas in New South Wales and will allow more detailed analysis to examine any heterogeneous effects in rural New South Wales.

Prevalence of mental disorders in the elderly: the Australian National Mental Health and Well-being Survey

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Background: We describe 1- and 12 month prevalence of mental disorders, demographic correlates and impact on service utilization and disability in individuals 65 years of age and over in the Australian National Mental Health and Well-being Survey (NMHWS)

Methods: A noninstitutionalized national probability sample of elderly Australian residents was interviewed as part of NMHWS. The prevalence of ICD-10 and DSM-IV mental disorders was estimated from the Composite International Diagnostic Interview and other screening instruments.

Results: Of 1792 elderly NMHWS respondents, 13% reported symptoms consistent with a mental disorder in the past month, and 16% reported symptoms consistent with a mental disorder in the past 12 months. Women experienced higher rates of affective disorders and generalized anxiety disorder and had lower rates of substance abuse compared with men. Increasing age was associated with less likelihood of having