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Debate: Better use of existing services, not more new pathways, is required for psychosis prevention in young people – Commentary on Salazar de Pablo and Arango: 'Prevention of psychosis in adolescents: does CAMHS have a role?'

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Background: There has been much academic interest in 'the clinical high-risk state for psychosis' (CHR-P) concept. Whilst early intervention in psychosis (EIP) services have offered input to individuals meeting the CHR-P criteria the involvement of CAMHS clinicians in supporting young people with ideational and perceptual disturbance has been more inconsistent and uncertain. **Method:** We bring together our relevant lived experience, empirical evidence and clinical and research expertise to write this commentary. **Results:** We assert that the CHR-P paradigm needs to be revised. This should reflect the low transition rates to psychosis and the prevalent general, impairing psychopathology in individuals meeting these criteria. Nevertheless, it is clear that both CAMHS and EIP services have potential roles in meeting the needs of young people affected by distressing ideational and perceptual disturbance. **Conclusions:** We suggest that new care pathways and services are not required for young people affected by distressing psychosis-like experiences. Rather more effective joint working between CAMHS, EIP, crisis services and other agencies could meet the needs of these young people more comprehensively.

Key Practitioner Message

- Only around one-in-five young people deemed to fulfil the 'clinical high-risk state for psychosis' (CHR-P) develop a psychotic illness over the medium term, though they often have other impairing mental health symptoms.
- Low intensity psychosocial interventions, though not antipsychotic medications, are likely to be helpful in this group of young people.
- We suggest better integration of CAMHS clinicians with EIP services will help meet the needs of young people with perceptual and ideational disturbance and other, more general, mental health symptoms.

Keywords: Psychosis; prevention; at-risk mental state; clinical high-risk state for psychosis; Child and Adolescent Mental Health Services

We welcome the article by Salazar de Pablo and Arango (2023) which provides a rationale for the involvement of child and adolescent mental health services (CAMHS) in the prevention of psychosis. Those of us who have worked with affected young people and their families are aware of the traumatic impact of distressing and confusing ideas and perceptions. After all, what could be more terrifying than the possibility of losing your mind? The psychoses are serious neuropsychiatric conditions, often with poor outcomes that have not substantially improved in 50 years (Jääskeläinen et al., 2012).

Salazar de Pablo and Arango rightly state that it is only the minority of young people who fulfil the clinical high-risk state for psychosis (CHR-P) criteria that develop a diagnosable psychotic illness over the short to medium term (Welsh & Tiffin, 2014). Thus, the specificity and positive predictive value for instruments such as the comprehensive assessment for at-risk mental states (CAARMS) are low in this respect (Oliver et al., 2018). The authors probably should have been clearer that the overwhelming evidence is that (low-dose) antipsychotics do not benefit those meeting the CHR-P criteria and bring the risk of substantial adverse effects (Mei et al., 2021). We are less certain than the authors regarding the wisdom of prescribing antidepressants for this group, particularly given the theoretical risk of triggering mania in vulnerable individuals. However, we recognise the need to treat any coexisting mental health disorder, whilst acknowledging antidepressants themselves are not necessarily benign drugs in young people.

Given the low 'transition' rates for young people deemed at CHR-P, should CAMHS get involved at all? First, as pointed out by Salazar de Pablo and Arango, those young people who 'transition' are still commonly

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affected by impairing mental health problems. Thus, there is an opportunity to intervene, changing the longer-term life course. The authors correctly highlight the potentially effective role that low intensity psychosocial interventions may play. In this respect, early intervention in psychosis (EIP) teams currently seem less likely to provide psychosis-focussed cognitive behaviour therapy to under 18 s than working-age adults (Royal College of Psychiatrists, 2023).

Nevertheless, this evidence indicates that the paradigm around the CHR-P concept needs to shift. A well-suited analogy may be the neurological 'Parkinson-Plus' syndromes, where parkinsonism is accompanied by other symptoms. In the CHR-P state, there is usually perceptual, and/or ideational disturbance, generally accompanied by other mental health symptoms, notably anxiety and depression. EIP services have a vital role in ruling out impending or established psychosis. However, many of these 'at-risk' young people would benefit from CAMHS input in relation to post-traumatic symptoms, anxiety, depression, etc.

Given the low transition rates should EIP services be the ones to provide assessment and interventions? The ability to exclude 'false positives' is just as important as identifying young people likely to make the transition to a psychosis. Having clinicians experienced in working with perceptual and ideational disturbance, such as voice hearing, is vital to this role. However, we disagree that 'new pathways' are required, especially for those not even fulfilling the CHR-P criteria. Rather, closer working and integration between EIP, CAMHS, crisis services and other agencies is needed to more effectively meet the needs of young people presenting with perceptual and ideational disturbance. This could include signposting to charities such as 'the Voice Collective' (www.voicecollective.co.uk).

The authors rightly highlight the low acceptance rates by EIP services for young people assessed for the CHR-P. Indeed, the average caseload of 14–17-year-olds for an EIP team in England in 2022 was generally low at only four (2% of caseloads) (Royal College of Psychiatrists, 2023). This is inconsistent with the prevalence estimates of around 15% for psychotic-like experiences in young people (Isaksson, Angenfelt, Frick, Olofsdotter, & Vadlin, 2022). Moreover, roughly half of EIP teams have no care coordinators specifically for under 18s (Royal College of Psychiatrists, 2023). This is concerning – the role of EIP in supporting young people at risk of emerging psychosis seems critical. Indeed, there is evidence that CAMHS may be poor at identifying emerging or established psychosis. The mean 'in-service' duration of untreated psychosis (DUP) for CAMHS patients has been reported as a staggering 284 days (Birchwood et al., 2013). This may be partly explained by: insidious onset of psychosis in younger individuals; 'diagnostic overshadowing' (e.g. coexisting conduct problems), and; the presence of neurodevelopmental conditions (such as autism) which increases the probability of both CAMHS input and early onset psychosis (Padgett, Miltsiou, & Tiffin, 2010). However, psychosis is encountered relatively infrequently by CAMHS clinicians. This inevitably leads to practitioners becoming de-skilled in exploring perceptual and ideational disturbance. Equally, young people affected by increased suspiciousness may be reluctant to engage in assessment. This issue may be more pronounced in crisis service settings. However, the relatively short DUP for patients served by adult-focussed crisis teams (Birchwood et al., 2013) hints that the recently established CAMHS crisis services have strong potential to identify impending psychosis.

Thus, there is clearly room to improve the ability of existing EIP, CAMHS and crisis teams to identify and support under 18 s fulfilling the CHR-P criteria. Moreover, at a time when children regularly wait two or more years for CAMHS assessments many would see the diversion of human and financial resources to new 'psychosis prevention services' as unjustifiable. Moreover, yet another new care pathway would join the myriad of fragmented services that confuse patients, carers, referrers and even mental health professionals.

Consequently, CAMHS clinicians with dedicated time for prevention work should be plugged into the wider EIP team. Clinicians who have skills working with those affected by psychosis should be involved with crisis services. This will support any CAMHS clinicians working in this demanding but rewarding role. In particular it will help them retain and develop their skills in working with families and young people affected by perceptual and ideational disturbance, as well as those who transition to psychosis. This approach should be effective in preventing psychosis in the minority of young people at risk. Importantly, it should also relieve distress and improve functioning in the majority of individuals with psychosis-like experiences who are unlikely to transition to severe mental illness in the near future.

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Ethical information

No ethics approval was required for this article.

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