

primary one does not? Consideration of these questions will no doubt be useful in planning of the next trial.

In conclusion, Freeman and colleagues' new-wave, high-quality, feasibility trial fully deserves a definitive randomised controlled trial and, like all good science, raises as many questions as it answers.

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Improved identification of people at risk of psychosis: is it value for money?

Development of a psychotic illness, including schizophrenia, can be debilitating for the individual, with life expectancy reduced by up to 15 years,¹ mainly due to an increased occurrence of cardiovascular disease.² In the past 5 years, clinician preference has moved towards early detection and intervention by assessment of the risks for developing psychoses, with increasing evidence about the effectiveness of early interventions for psychosis.³ Primary care can play an important part in the early identification of individuals at risk, because people with a serious mental illness have an estimated average 13–14 consultations with their general practitioner every year.⁴ However, evidence is scarce with respect to the assessment of factors contributing to the effectiveness of improved detection of individuals at high risk of developing psychosis in primary care. Additionally, in an era of restricted health-care budgets, the assessment of cost-effectiveness for this type of intervention is important. Cost-effectiveness assessments attempt to quantify the trade-off between improved outcomes for the individual and increased costs to the health-care system; in other words, does the intervention represent value for money?

In *The Lancet Psychiatry*, Jesus Perez and colleagues⁵ report both the clinical effectiveness and cost-effectiveness of a theory-based early intervention to improve liaison between primary and secondary care in UK primary care practices. High-intensity and low-intensity liaisons were assessed (26 practices in high-intensity intervention and 28 in low-intensity intervention), as was practice as usual (50 practices). The authors⁵ report that practices randomly assigned to the high-intensity intervention referred more individuals for first-episode psychosis to the early intervention services than did the other two practice groups (high intensity vs low intensity; incidence rate ratio [IRR] 1.9, 95% CI 1.05–3.4, $p=0.04$), although for individuals at high risk of psychosis the increase was not significant. As a result, high-intensity practices referred both more true-positive and false-positive cases of psychosis confirmed after assessment.

The increased referral of individuals at high risk of psychosis suggests that the high-intensity intervention is clinically effective, but what about its cost-effectiveness? Implementation of the high-intensity liaison intervention was estimated to cost £1459 per



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See [Articles](#) page 984

practice (low-intensity intervention cost was £14). However, results of the authors' economic evaluation⁵ suggest that this intervention would pay for itself (be cost-saving), with the total costs per true-positive referral being lowest in the high-intensity practices. Two key drivers are behind these cost-savings: a reduction in the number of late presenters (individuals whose psychosis is not identified early and are costly to treat) and a reduction in the costs of treating individuals at high risk who are treated early.

This study also emphasises⁵ both the importance of health-economic evaluations in psychiatry and the difficulties that can be encountered.

Health-economic evidence can be used to make comparisons in different interventions, such as what offers more value for money; the high intensity intervention described by Perez and colleagues,⁵ or a cancer drug? These comparisons can in turn be used to inform re-imburement or commissioning decisions, but a standardised health outcome that can be used to make comparisons is needed. In some countries, a measure of health-related quality of life (HRQoL) can be used.⁶ However, assessment of the HRQoL of individuals with psychosis, and the effect of interventions on this factor, is challenging and needs further research.⁷ It will be useful to see this type of patient-reported outcome measure included in future trials.

Perez and colleagues⁵ also show the important role of health-economic modelling. It is used in their study to include evidence not collected during their trial—notably the development of psychosis in patients at high risk who are not identified and the later costs of treating them. This ability to synthesise a range of evidence sources is a particular strength of health-economic models. Such models have also been used to map out care pathways (eg, for patients with depression⁸) and assess the potential effect of any service changes on both patient outcomes and costs to the health-care

system. Perez and colleagues⁵ have shown the cost-effectiveness of improved liaison between primary and secondary care. The next question to ask is how best to integrate this intervention into the broader care pathway of patients with, or at risk of, psychosis—including pharmacotherapy, psychotherapy, and any follow-up checks (usually by general practitioners, but can also be by secondary care services). Such a question would need an ambitious research project, with questions about cost-effectiveness being a key aspect, along with questions about clinical effectiveness and patient involvement to identify the main difficulties. However, these are the types of questions that should be asked to ensure that future research has the best possible effect on patient health and the organisation and delivery of health services.

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Cooling suicide hotspots

The results of the meta-analysis by Jane Pirkis and colleagues¹ again underscore that restricting access to methods of suicide saves lives.² They showed that inhibiting access greatly reduced suicide rates at suicide hotspots, and that promoting help-seeking

or third party intervention also seemed to offer protection for those who seek to end their lives at these sites. When examined in a tight focus that looks exclusively at these settings, suicides are clearly preventable.

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See [Articles](#) page 994