The recognition and management of early psychosis

The treatment of early psychosis has been bedevilled by an entrenched pessimism, stemming from the asylum era and the Kraepelinian model of schizophrenia. More recently, however, there has been a surge of interest in preventively oriented treatment of patients showing the first signs of psychotic illness, with the realization that these illnesses are frequently highly responsive to early treatment, as well as a corresponding recognition of the suffering and lost opportunities resulting from untreated or partially treated psychosis in young people.

This is the first text to focus on the potential of early detection of psychosis, and the practicalities of treatment during the intensive critical phase, drawing on advances in biological and psychosocial treatment, and reforms in service delivery. Based on the pioneering experience and research of a now well-established prevention and intervention centre, and with contributions from international authorities, the book outlines a framework for intervention, reviews the evidence available to guide clinical practice, and describes models of treatment and intervention.

Providing a solid foundation for future developments, this is an up-to-date handbook for clinicians of optimal practice in this burgeoning area of psychiatry. Incorporating many personal narratives and case histories, it is strong on theory, sensitive on practical issues, and will challenge, inform and guide clinicians seeking to provide optimal care for younger patients with early psychosis.

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The recognition and management of early psychosis

A preventive approach

Edited by
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and
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University of Melbourne
Every effort has been made in preparing this book to provide accurate and up-to-date information which is in accord with accepted standards and practice at the time of publication. Nevertheless, the authors, editors and publisher can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors and publisher therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.
This book is dedicated to our parents
Desmond and Margaret McGorry and
Henry George and Elizabeth Jackson
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Foreword

This book gives a thorough presentation of the work that Professors McGorry and Jackson and their colleagues, notably Dr. Jane Edwards, have been carrying out for several years in Melbourne and represents the first really comprehensive treatise of targeted interventions for young individuals at risk of developing a long-term psychotic condition. Nearly five years ago I was fortunate enough to be able to pay a visit to the unit led by Professor McGorry and was impressed by the pioneer work that he and his group were implementing. Now, a few years later, I feel privileged to have the opportunity of introducing the present volume that brings a valuable and so far neglected perspective to understanding and helping in a phase of their life that could be the beginning of a long, painful and disruptive career as a psychiatric patient.

For a long time, looking back at the practice of psychiatry, I have been struck by the tenacious adherence to traditional conceptions of the mental illnesses and their treatment that still dominate in our specialty. Not even the dramatic changes which have occurred in the administration of psychiatric care during the last few decades seem to have exerted any radical impact on the way in which the major disorders are approached. Treatment has been split into distinct psychosocial or somatic therapy approaches, and these have not taken account of the uniqueness of each patient with their special needs. Furthermore, there are relatively few centres of excellence where patients can be seen with high levels of competence and sufficient frequency.

Even though a large body of evidence has been available for a long time concerning the possible negative long-term effects of a delay in appropriate intervention, thoroughly reviewed in Chapter 3, and despite an awareness for several decades of the paramount importance of preventive action, everyday practice seems to have consistently been to wait until a manifest psychotic condition has become established before...
implementing a suitable treatment. For no other condition has such an unduly passive attitude been so dominant until quite recently as for those mental disorders characterized by a psychotic breakdown, among which those of the schizophrenic type represent the most important group. Several factors have contributed to fostering such an attitude, one of the most important being that psychiatrists, by and large, have felt reluctant to move from the familiar settings of hospitals, mental health centres or clinics and, instead, orient their work toward the community. In addition, while the introduction of neuroleptic drugs, as discussed in Chapter 5, has been both good and bad from the perspective of the study and treatment of psychotic illness, it has also helped to create, at least in an earlier era, a naïve optimism about the possibility of radically changing the subsequent course of already established psychotic syndromes. The neo-Kraepelinian trend that apparently inspires current classification systems and, in particular, their shortcomings in taking into account prodromal manifestations, has also tended to divert attention from the need for early interventions aimed at influencing the course of schizophrenic disorders. Not least, there has been a relative reluctance of politicians and administrators alike toward a radical change of the organization of care. This derives from concern about a possible increase of costs in the short term, paradoxically restraining any enthusiasm for activities which could prove to be less expensive in the long run.

On the other hand, early interventions also have important ethical implications of which the authors of the various chapters are well aware. Undoubtedly, a balance has to be achieved between the appropriateness of an even earlier intervention and the risk of encroaching upon the personal integrity of a young person. The components of the comprehensive programme described in Chapter 4, and later on in Chapter 8, purposefully contribute in suggesting strategies which minimize this risk, and greatly contribute in reducing the risk of stigmatization.

While I cannot comment on all the important material reported in this book, I would like to underscore the deeply humanistic stance that consistently inspires the work of the Melbourne group. Respect for the patient’s integrity and uniqueness, flexibility in the choice of the most appropriate strategies of intervention, attention to the necessity of an integrated approach in which family members are involved from the very beginning and due consideration is paid to their grief and trauma, are manifest throughout the volume. What cannot be sensed from a written text is the warm empathic concern for the patients which characterizes all the members of McGorry’s group and of which I have personally had an experience at close quarters.
Finally, the broad scope of the text – which encompasses many models of intervention, all described in a manual-like fashion and richly illustrated clinically, and summarizes most of the available knowledge on preventive strategies and early intervention in psychosis, complemented by its focus on empirical work – makes this volume a landmark contribution. The approaches described and carefully documented in it suggest that psychiatry is entering one of the most exciting phases in its history, and indicates that a paradigm shift may be under way. For such a shift to become a reality, it will be necessary that several centres like that in Melbourne will have to be developed. Fortunately, it seems that this process is now under way in many quarters.

Carlo Perris
November 1998
University of Ureå, Sweden
Preface

Prevention in psychotic disorders has been a cherished ideal since the early years of this century. However, the seeds of a preventive endeavour were sown in very stony ground, comprising the intrinsic pessimism of the Kraepelinian framework, the serious nature of the disorders involved, and the ineffective and iatrogenic approaches to their treatment, which continue to the present day. The prevailing climate for the germination and growth of these seeds has remained hostile until very recently for a variety of additional reasons, yet there are increasing signs that this may be changing. Partly as a result of the entrenched pessimism associated with schizophrenia in particular, hopes for prevention have rested to an excessive degree on the emergence of effective forms of primary prevention. This, in turn, is dependent upon the clarification of a range of significant causal risk factors for these syndromes – a process which has been frustratingly slow. A key shift in thinking has been the recognition that variants of secondary prevention, notably early intervention and indicated prevention, are not only the ‘best bet’ at present in schizophrenia and psychosis, but are very likely to prove cost-effective as well as more humane. This, combined with recent advances in psychopharmacology, psychosocial treatment and service delivery, has liberated thinking among clinicians, researchers and health planners, so that a more realistic form of prevention now has the chance to flower. While the ecosystem for this growth is highly variable across the world, we should see increasing elaboration of models and understanding over the next few years. It is an exciting time because there is a real chance of enhanced well-being and quality of life for many people who will develop these distressing, dangerous and potentially disabling disorders. We have a clear responsibility to nurture this process in a careful and scientific manner, so that growth is not only steady but sustainable. We need to tread a middle
path between maintaining momentum and progress on the one hand, and over-reaching or over-selling the prospects on the other. The latter is a risk in any area which has been held back or constrained, but the issues are too important to allow any further false dawns. Yet we also need to strive and persevere, because, in our opinion at least, we are finally on firm foundations. Contained within this book is an attempt to lay some of these foundations. Readers will be able to make up their own minds about the solidity or otherwise of this base of knowledge and experience.

Following the introductory Chapter 1 (Part I), the subsequent 15 chapters in the book are contained within Parts II, III and IV. Part II contains four chapters, and is concerned with ‘Onset and detection of psychosis’. Part III contains 10 chapters and is concerned with ‘Assessment and clinical management of early psychosis’, beginning with initial assessment of the first episode and concluding with the role of day programmes in early psychosis. The final stand-alone chapter (Part IV) is concerned with service delivery models and a range of strategies for implementing change.

In the first chapter, entitled ‘“A stitch in time” ... The scope for preventive strategies in early psychosis’, Patrick McGorry makes the case for realistic preventive strategies in early psychosis, utilizing a modern, elaborated framework for prevention devised by Mrazek and Haggerty. The concept of early psychosis is described as part of a phase-oriented approach to classifying psychosis. A preventive framework for research and clinical care in the psychotic disorders linked to this classification is proposed. The rationale and evidence supporting a specialized clinical focus upon the early stages of psychotic disorders is established.

Chapter 2 is the first chapter in Part II and is entitled ‘The onset of psychotic disorder: clinical and research aspects’. Written by Alison Yung and Henry Jackson, it examines conceptual issues and terminology, defining onset and the concept of prodrome, together with issues involving retrospective description. The authors then examine the phenomenology and duration of the onset phase in psychotic disorders covering early pre-DSM-III and DSM-III descriptions, and ‘other alternative’ descriptions they have incorporated into their own work. Selected research findings conducted within their own unit are included. These have focused upon the reliability and specificity of the DSM-III-R group of prodromal features in community and clinical samples. The authors then make the case for ‘indicated prevention’, describing their attempt to prospectively identify the ‘prodrome’ or ‘at-risk state’ of a first-ever psychotic episode. They suggest that this potentially could help to prevent, modify or attenuate the onset of ‘full-blown’ psychosis.
Conceptual issues surrounding other markers and risk factors are discussed, since these will almost certainly be required for more accurate prediction and specific interventions.

In the third chapter of the book, 'Pathways to care in early psychosis: clinical and consumer perspectives', Clare Lincoln and Patrick McGorry tackle the notion of 'delay', focusing first on the pathways to care involved in first-episode psychosis, arguing that there may be scope for reductions in delay for those with schizophrenia. They cite data which suggest that more than one month of untreated psychosis, but less than six months of psychosis, may constitute boundaries of a 'critical period' for detection and initiation of treatment, since beyond this period it seems more difficult to enhance recovery. The consequences of delay are discussed, with cost-reductions, better prognosis, and outcome, all being linked to the reduction of delay. The 'topography of the initial pathway' based on data obtained within their unit is presented, along with four illustrative cases. Under the heading of 'Delay as a paradox', there is discussion of factors affecting delay including illness recognition, help-seeking (emphasizing symptoms and coping), and referral pathways (focusing on diagnosis by mental health professionals and the pathways experience). Specific risk factors for delay are also considered, including stigma, clinical features, gender and inaccessible services. In the discussion, emphasis is given to the twin aims of promoting access to early care and rendering pathways accessible and 'user-friendly'.

Chapter 4, contributed by Alison Yung, Lisa Phillips and Lorelle Drew, is entitled 'Promoting access to care in early psychosis' and focuses on case detection and how it is affected by help-seeking, recognition and referral factors. Engagement of patients in treatment and strategies aimed at facilitating patients' access to care are discussed. This chapter then describes two service models which address some of the barriers to care in early psychosis. The first is an extended hours, mobile assessment team set up purely to seek and attract referrals of young people with a first episode of psychosis. This involves the capacity for rapid response assessments and a significant community and professional education role. A description of the modus operandi of the mobile assessment team is provided, including the intake system, the actual clinical service it provides and its role in community education. Data are provided on the total number of referrals, response time, police involvement, and the effects on duration of untreated psychosis. Illustrative case examples are provided. The second service model is a special clinic for older adolescents and young adults who have developed significant role and relationship difficulties and are believed to be at risk of incipient psychosis (i.e. they may be 'prodromal'). This clinic,
known as the Personal Assistance and Crisis Evaluation Clinic, is based at a non-stigmatizing centre for adolescent health adjacent to the campuses of two teaching general hospitals. A description of the clinic is provided along with some preliminary data including total referrals, referral sources, reasons for referral, psychopathology levels, and transition rates to psychosis. A case example of a young person ‘at risk’ is given.

Part II of the book concludes with Chapter 5 by Anjan Chatterjee and Jeffrey Lieberman entitled: ‘Studies of biological variables in first-episode schizophrenia: a comprehensive review’. In recent years, research activity in first-episode psychosis has increased dramatically and has led to an emerging body of knowledge regarding the biology of first-episode psychosis. This chapter provides an overview of the current status of this rapidly expanding field of research, which will be of interest to clinicians and researchers working with this group of patients. The chapter covers neuroimaging (MRI, PET, SPECT, and magnetic resonance spectroscopy) and neurophysiology (EEG and sleep, event-related potential studies, electrodermal) studies in first-episode psychosis. Progress in neuropsychology, neuroendocrinology and neurochemistry is also carefully reviewed. Findings from studies of movement disorder and neurological abnormalities are described, including extrapyramidal signs, circling behaviours and spontaneous dyskinesias. Coverage of immunological and treatment studies completes the chapter. Summaries are provided within each major biological domain, permitting the reader to gain an overview of progress within each.

Part III, which is concerned with ‘Assessment and clinical management of early psychosis’ begins with Chapter 6 by Paddy Power and Patrick McGorry. In this chapter the authors delineate the ‘Initial assessment of first-episode psychosis’. The entry phase is characterized as an avoidable crisis and the clinical landscape of onset is described from the perspective of biopsychosocial assessment. Key issues highlighted are the difficulties in determining the onset of disorder and the lack of clarity and stability in psychotic syndromes. Guidelines are then provided for engaging with the client and family. Emphasis is given to understanding the person and their context, their supports, and the parameters of their illness. Also stressed is the need for a comprehensive clinical assessment, including the taking of a clinical history, mental state examination, and assessments for risk (suicide, neglect and death, violence and victimization by others), and comorbidity. A rationale is provided for a neuroleptic-free assessment period of at least 48 hours. Factors influencing the decision concerning when and how to hospitalize are discussed. A section on biomedical evaluation of first-
episode psychosis contains discussion of the physical examination, laboratory investigations, neuropsychological evaluation and social and vocational assessment. The chapter concludes with a discussion of the issues relevant to diagnosis and formulation.

Chapter 7, by Jayashri Kulkarni and Paddy Power, covers misconceptions about ‘Initial treatment of first-episode psychosis’, and the principles of early treatment are delineated. These include the need for: comprehensive biopsychosocial assessment, identification of the phases of illness, consideration of the location of treatment (hospital or community), the addressing of precipitating events, the use of integrated or multi-modal treatment interventions, and the avoidance or minimization of the potential harmful effects of treatments. Specific biological and psychological treatments for first-episode psychosis are then outlined. The use of very low doses of neuroleptics with slow and careful titration is stressed, and novel antipsychotics are preferred as first-line treatment. The use of adjunctive benzodiazepines, mood stabilizers and antidepressants, is discussed, and the process of drug therapy at this phase of illness is also considered. A decision tree for initial drug therapies is provided. Under the rubric of psychosocial interventions, cognitive, nursing, and family interventions are each described in turn. The chapter concludes with a description of some subgroups of patients requiring special consideration, including treatment-resistant first-episode patients, patients with complicating substance abuse disorder and, finally, patients with mental retardation.

Chapter 8, written by Jayashri Kulkarni, is concerned with ‘Home-based treatment of first-episode psychosis’. The key difference in the approach described is that, while later phases of illness are treated in the community in many settings, here even the most acute initial phase is treated in the home, rather than having recourse to hospitalization. Following an introductory section, in which the rationale for this style of treatment is outlined, the chapter focuses on the key factors in successful home-based management of first-episode psychosis. These are discussed under headings labelled ‘the individual’, ‘the family’, and ‘the treating team’. Then specific management strategies for home-based treatment of these patients are delineated, strategies which are delivered according to phases: the immediate or ‘crisis’ phase, the acute phase, the recovery phase, and the follow-up phase. The tasks and foci of each phase are carefully outlined. The following aspects are described: medication management, physical investigations, psychoeducation, psychosocial issues, and hospital back-up for the treatment of first-episode patients treated predominantly at home. The chapter concludes with results from a pilot study of home-based treatment of patients with first-episode psychosis.
Chapter 9, by Max Birchwood, addresses ‘Early intervention in psychosis: the critical period’. The chapter reviews a range of evidence and suggests that, in the early course of psychotic disorders, interventions may have a greater influence on current and eventual outcome. Following a review of relevant literature including that from the pre-neuroleptic era, Birchwood mounts the argument that there is a plateau effect between 2 and 5 years following the onset of illness, in which the course of psychotic disorder will stabilize and may even relent among those who initially deteriorate the most. Topics such as early relapse, long-term outcome and suicide, are briefly reviewed and this is followed by a section on a broad range of predictors of outcome. Birchwood concludes by summarizing and evaluating the concept of the ‘critical period’. Potentially helpful interventions are then suggested, such as reducing delay in treatment, relapse prevention, cognitive therapy, promoting early social recovery, and managing early treatment resistance.

Chapter 10, by Henry Jackson, Jane Edwards, Carol Hulbert and Patrick McGorry, is concerned with ‘Recovery from psychosis: psychological interventions’. A historical perspective outlines three distinct eras in psychological approaches to therapy in the psychoses, illustrating a belated shift recently to a more cognitive framework. The chapter covers two distinct types of cognitive approach, with the first focusing on the adaptation of the person in the wake of the initial psychotic episode, and the second dealing with more specific strategies for the treatment of delusions and hallucinations derived from experience with patients with treatment-resistant symptoms. The material in the first area covered establishes the need for a new paradigm, emphasizes the self and normal psychosocial development, and highlights the impact of psychosis on both. The need for a new therapy is established, and then the four phases of cognitively oriented psychotherapy for early psychosis, or COPE, are described under the headings of: assessment, the therapeutic alliance, adaptation and, finally, secondary morbidity. Research progress is documented. The second major theme of the chapter deals with the treatment of delusions and hallucinations. Initially, work with people with persistent treatment-refractory symptoms is described. This is followed by a description of how this work has been modified for use in early psychosis, particularly those patients with prolonged recovery. The chapter concludes by emphasizing that the two lines of therapeutic development are synergistic, and both appear very promising in terms of their potential benefits for patients.

Chapter 11, by Jane Edwards, John Cocks and James Bott, focuses on ‘Preventive case management in first-episode psychosis’, delineating the principles of preventive case management within this population.
After describing the EPPIC case management context, guidelines and issues are discussed under five headings: the clinician–patient relationship; case management tasks in each phase of the disorder – acute, early recovery, and late recovery; prolonged recovery; use of an integrated biopsychosocial model; and management of the case management team. The authors consider the evidence for the role of maintenance and targeted drug therapy in the wake of an initial psychotic episode and emphasize the importance of flexibility and process issues in relapse prevention. The early identification of treatment resistance is stressed and an integrated biopsychosocial strategy to tackle the phenomenon is outlined. Throughout the chapter vignette fragments are used to illustrate points and issues.

Chapter 12, by Paddy Power, deals with ‘Suicide and early psychosis’. Suicide is an unfortunately salient issue in the course of early psychosis. After providing initial facts and figures about suicide in general, the chapter focuses on suicide in serious mental illness, specifically on suicide in affective disorder, schizophrenia, and in those with complicating alcohol- and substance-abuse disorders. A model of suicidality and suicide behaviours in psychosis is proposed, within which risk factors and protective factors are discussed, and the clinical application of the model to early psychosis is outlined. Possible preventive strategies to tackle suicide risk in early psychosis are considered. Primary prevention is briefly considered; however, secondary and tertiary prevention is seen as more immediate and relevant for service providers and clinicians. Factors helpful in the detection and assessment of suicide risk in early psychosis are described, along with some specific suicide prevention interventions for this population. The latter include psychological and psychosocial, as well as pharmacological and physical treatments.

Chapter 13, written by Donald Linszen and Marie Lenior, is concerned with ‘Early psychosis and substance abuse’. After establishing the extent of the comorbidity, via prevalence rates, two main hypotheses are advanced. The first is the vulnerability hypothesis that drug and alcohol abuse may contribute to the development of psychosis, or may precipitate signs and symptoms of the illness. The second is the self-medication hypothesis, which proposes that psychotic patients may attempt to alleviate the symptoms of the illness or the side effects of medication via the use of alcohol and drugs. The authors acknowledge the difficulty of answering the question as to whether substance abuse precipitates, or is a consequence of psychosis. The authors proceed to examine the onset of substance abuse and psychosis, initially independently, then conjointly. The effect of substance abuse on the early course of psychotic illness is described, the chapter concluding with
some practical treatment guidelines for the patient with this type of comorbidity.

Chapter 14, by John Gleeson, Henry Jackson, Heather Stavely and Peter Burnett, concerns ‘Family intervention in early psychosis’. The chapter highlights the critical importance of family support, education, and involvement in the early stages and subsequently in psychotic illness. Most people experiencing an initial psychotic episode are in close contact with relatives and, particularly in the era of community psychiatry, relatives have the opportunity to play an essential caring and support role in the recovery process. In the setting of prolonged illness, the patient and the clinicians involved need to form a healthy partnership with the carers, who have significant needs of their own. This chapter deals with family interventions in early psychosis, commencing with a rationale for a preventive model in family work and then focusing on empirical work with ‘first-episode families’; examining, first, the expressed emotion literature regarding relapse and its ability to predict the same and, secondly, the family burden literature. Studies examining the efficacy of family interventions with the first-episode psychosis population are reviewed, and it is concluded that there is a need to develop a tailored approach to meet the needs of first-episode families. A four-stage model is proposed to cover family needs around these stages in early psychosis: ‘before detection’; ‘after detection’; ‘towards recovery’; and ‘first relapse and prolonged recovery’. A description of the EPPIC family services model of staged support and intervention is provided, with emphasis being given to: the engagement and assessment process, psychoeducational work, and multiple-family group work. Particular emphasis is given to the need for family support, but with a view to empowering the family members. Suggestions are made for future directions in this line of work.

Chapter 15, written by Shona Francey, is concerned with ‘The role of day programmes in recovery in early psychosis’. The chapter begins by examining both the definitions and the efficacy of day programmes and briefly reviews the needs of recovering patients in general. The function of day programmes is described and presented as a new element in facilitating recovery. The EPPIC day programme is then described in some detail, beginning by looking at the way in which referrals and assessments are organized; this is followed by an account of the structure and content of the streams within the overall programme. The latter includes social, recreational, vocational, creative expressive, health promotion, personal skills development and focus group streams. The consensual monitoring of the progress of participants and the evaluation of elements of the programme and of the overall
programme is undertaken. Data are reported for day participants from the broader EPPIC follow-up sample.

Chapter 16, which concludes the book, is entitled ‘Sharpening the focus: early intervention in the real world’, and addresses future challenges and service models in early psychosis. Written by Patrick McGorry, Jane Edwards and Kerryn Pennell, it focuses on the range of emerging issues in the field of early psychosis and how services in different geographical settings can focus preventively on vulnerable young people in this key phase of illness. A deliberately practical stance is taken with the hope of stimulating ‘bottom up’ initiatives in a wide variety of clinical settings. For optimal implementation and wide-ranging reform, however, a synergy between ‘bottom up’ and ‘top down’ processes is clearly required. To mobilize systemic and global support is a complex endeavour which depends on a number of essential elements. These are discussed, and the importance of the evidence-based paradigm is highlighted. In addition to emerging evidence, other powerful forces are identified which will ultimately determine the fate of this reform agenda. These fall generally under the heading of ideology. The key questions of effectiveness and cost-effectiveness of an early intervention approach are central to matters of both evidence and ideology. The chapter also contains summary information about some of the pioneering efforts in the early psychosis field, and gives a sense of the momentum which has built up around the world in this area in recent years.

In conclusion, this book aims to capture the conceptual basis and the range of current clinical practice in this emerging area of early psychosis. In addition to the clinical emphasis, interwoven through the book is a comprehensive review of the core research data in early and first-episode psychosis. It is our hope that it will prove a helpful guide to clinicians and researchers working with people at this phase of illness. We look forward to further expansion of knowledge and expertise in the years to come.

The editors would like to acknowledge the efforts of all of the contributing authors to the book, and all of the clinical and research staff within EPPIC and other clinical or research settings who have contributed in a myriad of ways to the knowledge and experience distilled in this book. We have drawn inspiration in our efforts from pioneers in the field of psychosis, notably John Strauss, Tom McGlashan, Silvano Arieti and Paul Meehl. The growing international cohort of colleagues and friends working in this frontier is a tremendous source of encouragement and support, and here we acknowledge particularly Jan Olav Johannessen, Marco Merlo, Don Linszen, Richard Wyatt and Johan Cullberg. We would also like to acknowledge the enduring support of
PREFACE

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Patrick D. McGorry
Henry J. Jackson
Acknowledgments


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