The Recognition and Management of Early Psychosis
A Preventive Approach
Second Edition
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Edited by
Henry J. Jackson
and
Patrick D. McGorry
HENRY: The book is dedicated to my deceased parents Henry George and Elizabeth Jackson, who gave me love, support and encouragement, a sense of curiosity and imparted the importance of generosity and a commitment to helping others, and to my son Carl, for his love, support and independent perspectives.

PATRICK: The book is also dedicated to my deceased parents, Desmond and Margaret, who created unique opportunities for me to contribute, and my sons Liam, Niall and Fionn, who have quite different ones.
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The concept of early intervention in psychiatric disorders is not a new one, but thanks to a number of researchers, including the editors of and contributors to this book, the area of early intervention has gained great prominence over the last two decades. When it comes to dealing with the serious psychiatric disorders, such as psychosis in general and schizophrenia in particular, I am of the opinion that the research, clinical and service developments that have originated from this work represents the most important step forward since the introduction of antipsychotic drugs in the mid 1950s.

Until recently, research carried out on patients with psychosis, including schizophrenia, has focused on heterogeneous samples. Studies reported on mixtures of old and young people; new and chronic cases; males and females; and people with very different symptoms (including various kinds of hallucination and delusion), long and short durations of illness, and long and short durations of untreated psychosis (DUP). All have been collapsed into the same groups and studied as if they required the same treatments and carried similar prognoses.

A major advancement introduced by the early-intervention paradigm, and resultant strategies, is that we study more ‘refined’ and better-defined diagnostic subgroups in our current research endeavours: that is, young people with first-episode psychosis (FEP), as opposed to older patients with longer durations of illness. We are able to study the impact of psychosis itself by studying such factors as DUP and duration of untreated illness. Furthermore, we can now focus on young people deemed to be at risk for...
developing a psychotic disorder, and as such, pursue the possibility of preventive strategies in this previously pessimistic field.

Although DUP is not a perfect measure and in itself relates to positive symptoms, currently, it is the best single measure for assessing delay in treatment. We need to develop and improve on this and other concepts. We need to gain better insight into the mechanisms underpinning the different responses to treatment experienced by various people. The ideas that psychosis is neurotoxic itself and that psychosis could be socially toxic both need to be further explored.

It is a paradox that the acceptance of the early-intervention paradigm as the ‘correct’ strategy should have to be ‘proven’ through extensive research. If we ask the question, ‘Is it ethical to allow a young person suffering from psychosis to go undiagnosed and untreated and, if so, for how long?’, the answer would be evident to most people. For some obscure reason, until just a few years ago, there was substantial resistance to the idea of early intervention. Researchers and clinicians advocating early-intervention strategies had to prove their case. This seems strange. One would imagine that efforts to bring young people to treatment earlier in the illness course would be welcomed by all – at least when considered from the purely humanistic position of shortening another person’s severe mental suffering.

Luckily, there has been a shift in the tide, brought about by the important and impressive results from early-intervention services around the globe. There are strong indications that early intervention with FEP patients leads to a better prognosis, as measured by fewer negative symptoms, less suicidal ideation, fewer suicidal plans and attempts, and probably a reduction in suicides. Importantly, the provision of special adapted treatment programmes for FEP patients produces results superior to treatment as usual. Early-intervention research and clinical practice has also resulted in the adoption of more careful and adapted medical treatment strategies, with lower dosages of antipsychotic drugs now being the standard practice.

Several projects investigating the so-called ‘prodromal’ phase and the possibility of preventing ‘at-risk’ individuals from progressing into manifest psychosis are so promising that we are now looking for the best way to develop and adapt clinical service systems for these patients. Linked to this are efforts to model a user-friendly service system to achieve early intervention. What is the best way to do this? And when is early early? The field has developed and introduced a variety of service models, and the last word has not been written in this connection. However, it has been demonstrated that two elements are necessary if one wishes to establish a system for early intervention: (1) low threshold for care/easy access to care, and (2) information about available help and early signs of serious psychiatric disorders. There also seems to be a consensus that some early-intervention active outreach strategies, such as the employment of detection teams, is a prerequisite to achieve early intervention; it is still somewhat dubious whether these themes should also have treatment tasks. Probably that is a question that should be further explored. Still, one should not confuse ‘early-intervention services’, which intervene early, with ‘FEP services’, which intervene without focusing on achieving earlier intervention.

In addition to its obvious clinical advantages, early recognition of psychosis opens new windows of opportunity for early-psychosis treatment and service research. For me personally, the possibility of developing better, more effective and adapted psychological treatments is the most challenging and rewarding task. There is, however, ample space and opportunity for other aspects of treatment research as well, for example for family treatments, such as multifamily group therapy.

This book takes the field a major step forward and sets a new standard for research, service development and clinical practice. It represents optimism in psychiatry and mental health, integrating treatment development with prevention strategies. It is practical, but theoretically well founded. There is no longer any excuse for not doing early intervention!

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Acknowledgements

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Finally, and most importantly, we would like to express our gratitude and admiration to all those who experience early psychosis. You have been our essential guides and teachers in our quest to improve understanding, detection and care.