

Clinical Staging in Psychiatry

Clinical Staging in Psychiatry

Making Diagnosis Work for Research
and Treatment

Edited by

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Contents

List of Contributors vii
Foreword ix
Acknowledgements xi

Section 1: Conceptual and Strategic Issues

1 **Diagnosis without Borders: A Pluripotential Approach to Preventive Intervention in Emerging Mental Disorders** 1
Patrick D. McGorry

2 **Clinical Staging and Its Potential to Enhance Mental Health Care** 12
Cristina Mei, Patrick D. McGorry and Ian B. Hickie

3 **Time for a Change: A More Dynamic Perspective on Psychopathology** 34
Johanna T. W. Wigman and Stijn de Vos

4 **A Moving Target: How Risk for Mental Disorder Can Be Modelled in Dynamic Rather than Static Terms** 67
Barnaby Nelson, Patrick D. McGorry and Jessica A. Hartmann

Section 2: Progress with Clinical Staging

5 **The Utility of Clinical Staging in Youth Mental Health Settings: Neurobiological and Longitudinal Data from Sydney-Based Studies of Transdiagnostic Cohorts** 81
Ian B. Hickie, Joanne S. Carpenter, Frank Iorfino, Elizabeth Scott, Shane Cross and Daniel F. Hermens

6 **Neuroimaging and Staging: Do Disparate Mental Illnesses Have Distinct Neurobiological Trajectories?** 103
Cali F. Bartholomeusz and Christos Pantelis

7 **Staging of Cognition in Psychiatric Illness** 140
Kelly Allott

8 **Neuroinflammation and Staging** 172
Bernhard T. Baune

9 **Bioactive and Inflammatory Markers in Emerging Psychotic Disorders** 191
Gregor E. Berger

10 **Electroencephalography and Staging** 204
Suzie Lavoie

Section 3: Novel Treatment Strategies

11 **Novel Biological Treatment Strategies** 221
G. Paul Amminger and Maximus Berger

12 **Psychosocial Interventions for Youth Mental Health** 241
Eóin Killackey and Mario Alvarez-Jimenez

vi	Contents
----	----------

Section 4: Translational Aspects

13	Transforming Cultures to Enable Stage-Related Care of Mental Ill-Health: A Youth Mental Health Challenge	261
	Patrick D. McGorry, Ian B. Hickie and Shane Cross	

14	The Quest for Clinical Utility and Construct Validity in Psychiatric Diagnosis	278
	Patrick D. McGorry	

	<i>Index</i>	284
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The plate section is found between pages 148 and 149

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Foreword

Back to the Future

This volume addresses the single most important challenge facing psychiatry today, interrogating the very nature of mental disorder and its myriad forms, and offering an alternative to the orthodoxy of the binary classificatory approach that has dominated clinical practice and research methods for decades. The staging approach, essentially an attempt to blend binary and dimensional approaches to describing mental health problems, posits that, rather than being static, discrete health conditions (which imply distinct aetiologies and therapies), these problems are syndromes which overlap and develop in stages. This framing is also one of the guiding principles of the *Lancet* Commission on Global Mental Health and Sustainable Development. Ironically, perhaps, the central message to embrace the reality of the dimensional approach to mental health problems is, in fact, not dissimilar from that championed by earlier approaches to mental health which proposed just a few dimensions (such as neuroticism) to describe psychopathology.

It is now abundantly obvious that while the rush to operationalise binary diagnostic categories, despite the absence of any biological foundation, was well-intended to provide reliable tools for practitioners and to enhance the biomedical grounding of psychiatry, adopting identical approaches to classification as used in other branches of medicine was also wrong. We now know that interactions between our genes, neurodevelopmental processes, biological exposures and social environments lie at the heart of our mental health, and these are simply too complex and specific to each individual to justify categorisation into discrete diagnostic envelopes. The binary approach is exemplified by the question ‘what is a case?’, which, despite decades of research, has turned out to be almost impossible to define for virtually any mental disorder. This approach has also contributed to the alienation of mental health care from the community and contributed to decades of lost opportunities for uncovering the aetiology of mental health problems and their effective management. This book offers a timely, up-to-date and comprehensive overview of an alternative approach to describing, studying and managing mental health problems.

Implicit in the staging approach is the notion of a continuum from the complete absence of psychopathology to states in which phenomena are mild and often undifferentiated, to states in which clusters of phenomena begin to emerge, to an ‘end stage’ when they become severe and chronic. Across this continuum, there is a high degree of correlation with social functioning, with psychopathology and social functioning interacting in bidirectional pathways across the spectrum of severity. While the current state of knowledge presents many unresolved challenges, some of which I note later, the staging approach represents the most promising framework for describing psychopathology as it tries to bridge the binary and dimensional approaches in a manner that is intuitive and well aligned with diverse perspectives on mental health problems. From a clinical and public health perspective, whose practitioners are the primary audience for this book, the staging approach points to the opportunity to shift the care of those with mild, early-stage problems to low-intensity interventions, such as digitally delivered guided self-care and community health worker-delivered psychological and social interventions. This is not only an efficient way to reserve expensive mental health specialist services for those individuals who are at

the more severe end of the continuum, but it is simultaneously also more empowering to the large proportion of individuals with milder conditions who can recover and stay well without the need for a diagnosis through interventions that may be accessed through diverse, affordable delivery platforms. The staged approach also offers a mechanistic foundation for the growing body of evidence in support of transdiagnostic interventions.

But, despite this enthusiasm, there is still much which requires clarification, not least the continuing need to define what constitutes the boundaries of each stage and how these can be assessed in routine health care settings so that the clinical decisions implicit in the stepped care approach can be made reliably. Relatedly, a more fundamental question is what constitutes the phenomena that should be the focus of description in staged models; for example, how ‘deep’ should our phenotyping go beyond reported phenomena such as specific symptoms of mental health problems, to cognitive phenotypes such as impulsivity, or what are the valid clusters of phenomena, and to what extent should these also capture social and somatic phenomena? In this context, the alignment of the staging approach with other frameworks, in particular research domain criteria (RDoC) and network theories, which have challenged the binary disease model, is necessary going forward.

Assuming we will be able to address these questions of operationalising our mental health outcomes, then staging models can also be applied to testing precision medicine approaches to treatment selection. Such approaches must not only address the question of identifying which clinical intervention works for whom but, equally important, it must also identify who does not need any intervention and who will not respond to any known intervention. And we need to clarify the relationship of the staging approach from a life course perspective (i.e. the emergence of mental health phenomena in a graduated manner across the early years of life) with staging from a clinical perspective (i.e. the graduated appearance of phenomena from milder to more severe forms of psychopathology). In any event, a graduated approach emphasising efforts to reverse distress, or at the least to slow its progression, the hallmark of prevention, remains the imperative for health care.

The staging approach has the unique potential to unite the divergent frameworks for the description of mental health adopted by neuroscientists (who study endophenotypes or biological processes which are dimensional), communities (who reject being labelled with diagnoses, in particular when their cognitive and emotional experiences are understood as an indivisible extension of social suffering or spiritual unease), practitioners (who, more often than not, struggle to neatly pigeon-hole a patient into a diagnostic box) and policy makers (who are left staggered by the vast numbers of people with a ‘diagnosis’ rather than the number of people with mental health problems that need clinical interventions). In short, the staging approach is compatible with neuroscientific observations, explanatory models in the general population, clinician experiences and policy-maker expectations. No other approach comes close to the goal of achieving such a consensus.

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