

Each year across the United Kingdom about 7,500 people will develop a first episode of psychosis (FEP), the onset usually occurring in young people (80% aged 16-30) at the prime of their lives. They can lead to long term problems, sometimes life long, which leave people too often on the margins of society, struggling to maintain relationships, or get a job, an income or a home. As many as 1:10 die by suicide, often within the first 5 years. And their families, friends and communities often carry huge burdens of care.

Reviewing evidence from a growing body of research shows that the early phase of psychosis is well understood. This evidence underpins secondary prevention strategies now being translated into specific programmes for early intervention in psychosis both within the UK and internationally. Prior to these developments there was an average delay of one to two years before people get meaningful and effective help. Currently in the UK access to services who specialise in Early Intervention in psychosis (EIP) is still variable by country and by region. Where no such service exists, then about half of these young people can expect their first contact with mental health services via the police, or by compulsory hospitalisation due to the whole situation having deteriorated so much before there is any useful action.

We now know it does not have to be like this. The first 3 years appear critical, when treatment response is very good, and all the important things that give life meaning and stability, home, work, relationships, are still intact. A group can be identified even before the onset of psychosis (Cannon, Cornblatt & McGorry, 2007), with the so-called At Risk Mental State or ARMS, who have significant disability from a complex array of psychological, emotional and social problems. Despite evidence that this group may be particularly responsive to phase specific interventions they may not fit neatly into conventional service configurations typically being passed from one place to another or falling between services.

This set of resources has been developed to highlight the best evidence and practice around the treatment of early psychosis, particularly focusing on the opportunity provided by detecting and treating those with an At Risk Mental State for psychosis (ARMS). However realising the potential demonstrated by this evidence cannot solely be the responsibility of specialist services. Successful pathways to the right sort of specialised care require us to work together; families, friends, primary care and social services, emergency services, business, voluntary and faith groups, and the media can all help.

The report will highlight the need for a whole system response which should espouse the practical achievement of better informed help seeking by young people and families, improved primary care recognition and referral, and specialist services more responsive to these early concerns.

The key message here is that starting treatment very early in the pathway can lead to a much better outlook.