

COMMENTARY

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Collaborative research for psychosis prediction and prevention

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The Clinical High Risk (CHR) approach to psychosis opened up a bold new frontier in psychiatry, providing a framework for the prediction and prevention of severe mental illness. Using structured clinical interviews, the Comprehensive Assessment of At Risk Mental States (CAARMS) and the Structured Interview for Psychosis Risk Syndromes (SIPS), researchers from Australia and North America showed it was possible to identify individuals who had a very elevated risk of psychosis when followed over time (Miller et al., 2003; Yung et al., 2005). This development spoke to the possibility not just for early intervention but for prevention—an exciting idea that was embraced enthusiastically by psychosis researchers worldwide.

With more than 100 CHR services established internationally, the impact of this research on healthcare policy and practice is clear. An ongoing methodological challenge for the field, however, has been the differences in criteria used for the CAARMS versus the SIPS, which has impeded the integration of data across various studies (Addington et al., 2024). Now, more than two decades after their introduction, researchers have created an instrument that has harmonized many of the key domains of the two interviews (Woods et al., 2024).

This development will facilitate more direct comparisons between international research sites and facilitate larger, more rigorous studies than has been possible to date, such as the Accelerating Medicines Partnership Schizophrenia program (Brady et al., 2023). It is a demonstration of what is possible with an integrated global research community and reflects the type of collaboration needed to drive forward advances in psychosis risk detection and early (preventive) intervention.

While celebrating this important development for CHR research, it is also important to reflect more broadly on the goal of psychosis prediction and prevention. One of the great successes of the CHR

approach has been to make prevention a priority for psychiatric research. From a practical perspective, however, it is also important to reflect on recent studies from London and Melbourne, which found that, even at two leading CHR centres, just 4%–14% of all future psychosis cases were captured with the CHR approach (Ajnakina et al., 2017; Burke et al., 2022). These figures are important because they represent the upper limit of the proportion of psychosis cases that could potentially be prevented at these centres if we had effective preventive treatments.

These findings suggest that if we are to increase our capacity for psychosis prevention, the CHR paradigm will need to be just one of multiple approaches to psychosis prediction and prevention. Indeed, leading CHR researchers have acknowledged that 'other methods to identify all those at risk for a psychotic disorder are needed', rather than putting so much emphasis on one single approach (Burke et al., 2022).

What additional approaches might capture risk for psychosis? We have recently shown the potential for psychosis prediction and prevention using systems-based (as opposed to symptom-based) approaches to psychosis risk; that is, looking at how specific healthcare (and other) systems capture risk for psychosis (Kelleher, 2023). This includes risk for future psychosis captured within existing specialist child and adolescent psychiatry services (Lång et al., 2022) and in young people who present to hospital emergency departments with self-harm (Bolhuis et al., 2021). In a Finnish birth cohort followed to age 28, for example, we showed that half of all cases of psychotic disorders in the population emerged in individuals who had, at some point age < 18 years, attended child and adolescent psychiatric clinics, highlighting additional opportunities for early detection and intervention in existing services (Lång et al., 2022).

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No doubt there are additional systems that might also have potential for capturing early psychosis risk, such as substance use pathways and particular social and educational systems, which can complement CHR approaches. We will need further concerted, coordinated, and collaborative research efforts if we are to build on the promise of the CHR approach and increase our capacity for psychosis prediction and prevention.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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