

# Early Intervention for the At-Risk Mental State: Results of a Preliminary Retrospective Cohort Study

Eleanor McNally, Zoe Zagorac



## BACKGROUND

The At-Risk Mental State (ARMS) describes a period of symptoms which may precede the onset of first episode psychosis (FEP). Criteria for identifying individuals considered to be at-risk for developing psychosis have been developed (1). Evidence suggests that early intervention improves outcomes for those at-risk and may prevent progression to overt psychosis (2,3). In accordance with NICE guidance (4), the Bath and North East Somerset (BaNES) early intervention team (EIT) have been delivering cognitive-behavioural therapy (CBT) to ARMS service users since 2016.

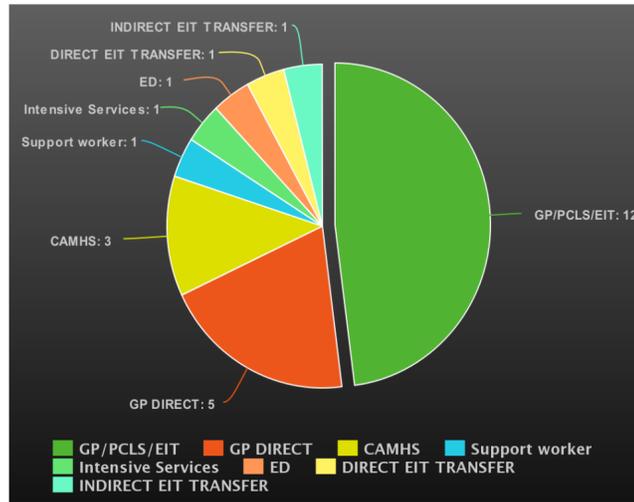


Figure 2. Referral origin of service users

## METHODS



1. ACCESSED ANONYMISED ELECTRONIC CASE RECORDS OVER 6 WEEKS (JUNE/JULY 2020)



2. RETROSPECTIVE ANALYSIS OF CASE NOTES OF ARMS INDIVIDUALS UNDER THE BANES EIT FROM 2016-2020



3. DATA EXTRACTED BY 2 INDEPENDENT REVIEWERS USING A PRE-DETERMINED PROFORMA. DISAGREEMENTS RESOLVED THROUGH DISCUSSION AND CONSENSUS.



4. CONSULTANT PSYCHIATRISTS AND A CBT THERAPIST PROVIDED KNOWLEDGE, CLARITY AND SUPPORT THROUGHOUT THE PROCESS

## RESULTS

### Baseline Sample Characteristics (Figure 1)

- 25 referred to the BaNES EIT ARMS service 2016-2019.
- Mean age at referral **20.6 years** (SD=3.72), range 15-28
- 13 male, 12 female
- Diversity of referral pathways (Figure 2)

VARIABLE	SAMPLE n=25
<b>Occupational/Educational Status</b>	
Employed	4
Unemployed	10
Sick leave from work	2
Secondary education	2
Further education	2
Higher education	5
<b>Previous Service Contacts</b>	21 (multiple contacts for some cases)
CAMHS	10
Another EIP service	3
Rape and Sexual Abuse Support	1
Talking Therapies	1
ASD assessment team	1
Counselling	4
Samaritans crisis team	1
No previous contacts recorded	8
<b>PMHx of Psychiatric Illness</b>	15
(Confirmed or suspected diagnosis)	
Anxiety and related disorders	4
Obsessive compulsive disorder	2
Depression	2
Adjustment disorder	1
Post-traumatic stress disorder	2
Cyclothymia	2
Bipolar disorder	2

Figure 1. Baseline sample characteristics

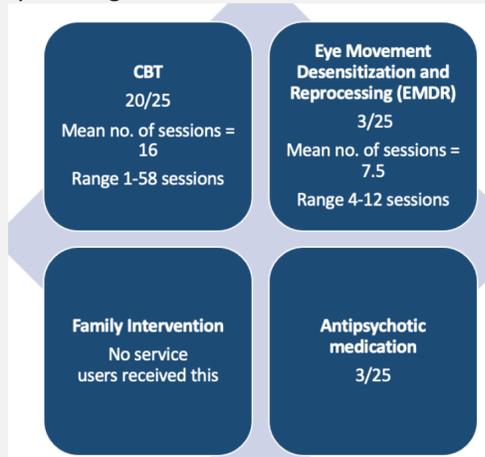
### Service Standards

In line with the Access and Waiting Time Standard of 2014 (6), the following outcomes have been assessed:

- 18 individuals had initial assessment within 2 weeks of referral
- 7 had physical health check within 12 months of referral

### Types of Intervention

All service users received case-management and crisis planning. Other interventions offered:



**Reasons for discharge:** 11 completed therapy, 6 left for logistical reasons and 8 disengaged.

### Outcomes

- **1 individual transitioned to FEP** and was admitted (22 months post initial assessment, disengaged from service).
- **A&E attendances:** 5 during, 1 post-therapy
- **Re-referred post-discharge:** 4
- **Functional:** 17 had positive education or employment outcomes (Figure 3)

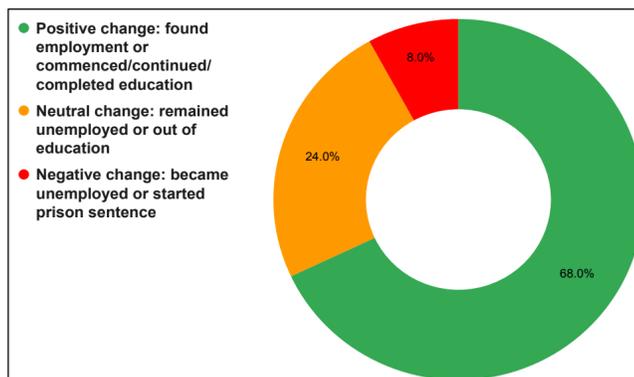


Figure 3. Change in educational and occupational status from referral to discharge for each service user

## DISCUSSION

### Current lack of community and self-referrals

- Are the community aware of the ARMS service and how to refer?
- Opportunity for a **community awareness campaign** on ARMS, with emphasis on help-seeking and intervention.
- Improve liaison with university counselling services.

### Potential over-prescription of antipsychotic medication

- 3 ARMS patients prescribed quetiapine (contrary to NICE guidance) and did not progress to FEP

### Limitations of Preliminary Study

- Small cohort size/sampling area:** restricts external validity
- Lack of control group:** Limits internal validity. Unable to attribute improvements to the interventions delivered. Possible confounding variable.
- Loss to follow up:** Unable to ascertain FEP transition status of those who disengaged. May introduce selection bias.
- Missing data limits analysis.** Unable to access some referral dates and data on ethnicity

## CONCLUSIONS

Our results support the role of the BaNES EIT in providing a service for the ARMS population. Substantial functional improvements were observed with a low transition rate. CBT based interventions are clearly feasible in this population, with service users adhering well to therapy. With 3 patients still receiving antipsychotics, minimising the use of unnecessary medication in this at-risk population should continue to be a key focus for the field.

### Suggestions for Further Research

- **Longitudinal follow up** to determine long-term efficacy of EI team involvement. Standardised outcome assessments at 3, 6, 12 and 36 months.
- **Evaluate outcomes of CBT vs EMDR.**
- **Assessment of duration of untreated psychosis (DUP)** for those who transition to FEP
- **Multicentre collaboration.** Pooling data from multiple services will allow for more comprehensive conclusions to be drawn and clinical recommendations to be made. Results could also be stratified by subgroup (e.g. age or clinical presentation)
- **Gather further baseline parameters:** ethnicity and CAARMS scores

### References and Acknowledgements

We would like to thank the staff and service users at the BaNES EI team whom this project would not have been possible without. In particular, Dr Liz Ewins, Dr Richard Stanton and Olaf Wilde, who provided extensive knowledge and support.

