Questions concerning children and adolescents at risk of developing mental health problems

In the Division of Psychiatry at the University of Edinburgh we have since 1994 had a programme of research concerning young people at enhanced risk of developing serious mental health problems (principally psychoses). The central purpose of the programme has been to identify and understand the mechanism by which the condition develops rather than to offer management plans although the findings do provide an evidence base for effective management, intervention and possibly prevention in some cases. There is a series of linked studies, the first concerned young people at enhanced risk of these disorders because they came from families including two individuals affected by the condition. The enhanced risk associated with such familiality has been demonstrated beyond doubt over many years. These young people were examined together with others from similar communities who did not have these degrees of familiality. They were contacted by approaching well family members from the parental generation of affected families identified to us by psychiatrists and general practitioners throughout Scotland. If the members the parental generation agreed with the idea of the study and were willing to provide contact details the young people were approached. The young people in the study participated for up to nine years and were seen several times. Meetings were held for the young people and their families at regular intervals and the findings explained as they evolved. Feedback was obtained concerning how they felt about the study and whether they found it helpful or not, etc. Generally they were very positive. We had been concerned that they might feel that they did not wish to have these issues raised or think about them very much but this did not appear to be the case. They were aware of the issues of risk and appeared to find the contact, support, advice and treatment if required which were provided helpful. This study provided brain imaging and genetic results which have been fully published worldwide and much appreciated. The great
helpfulness of the Scottish population who participated in this study has been widely admired.

The next study concerned young people at enhanced risk not for familial reasons but because of cognitive difficulties. The pattern of personality and behaviour identified as predictive of serious mental health problems in the first study was tested in this one and again found to be predictive of serious problems and the imaging changes found it in the first study occurred again. These findings are clearly of theoretical importance but from a practical point of view we did in this study find young people who were struggling in school essentially because of unidentified mental health problems. We were also able to direct them to appropriate care. The participants in this study were recruited by approaching educational authorities who provided the names of relevant schools who did or did not agree to participate and on our behalf sent letters to parents who, if they opted in to the study, identified themselves to us providing contact details. More than 3000 sets of parents were contacted by schools and 600 opted in. The young people were screened and samples who did and did not have the postulated predictive characteristics identified and repeatedly examined (approx 170 young people). Again meetings about the evolving results were held and feedback sought. Again it was very positive. Within this study an investigation of quality of life issues of the families was conducted. Currently further studies are ongoing – one a study of young people at familial risk of bipolar illness identified in a parallel way to the first study and the second comparing and contrasting risk factors for schizotypal and autistic personality characteristics (done on individuals in whom these are clearly established and therefore over the age of 25 years). In all of the other studies mentioned those participating have been between 13 and 24 years old at the beginning.

In practical terms we are able within these studies to identify the personality and behaviour characteristics associated with particular risk. As far as psychotic illness is concerned we have found pervasive anxiety is a strong predictor, indeed very much stronger in this respect than the magical thinking
and partial psychotic symptoms which are often used as a basis for intervention in early intervention studies. In our study it was found that in the familial cases partial psychotic symptoms go on to serious illness in only 25% of those in whom they occur and therefore a policy of ongoing support and advice rather than active intervention may be the most helpful initial step. We plan a study which will intervene on the basis of pervasive anxiety and associated variables. The high cost of these studies has been borne by UK-wide support agencies principally the Medical Research Council, the Health Foundation, the Wellcome Trust and the Mortimer and Theresa Sackler Foundation.

I hope that this information will be helpful for you. If you would like further details I am happy to provide them and would be willing to give oral evidence.

Eve C Johnstone
Professor of Psychiatry and Head of Division
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