
AT-RISK CRITERIA OF PSYCHOSIS AND HELP-SEEKING BEHAVIOUR IN THE GENERAL POPULATION: PRELIMINARY RESULTS FROM A TELEPHONE SURVEY

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An 'Attenuated Psychosis Syndrome' was included in Section III (Conditions for further study) of DSM-5. Although help-seeking for attenuated psychotic symptoms is not part of the final set of criteria, it had been proposed as an obligate criterion before in an attempt to avoid the suspected diagnostic creep in clinical practice. Therefore, our aim was to examine (non-)help-seeking for mental problems including attenuated psychotic symptoms and other at-risk phenomena in the general population.

1'229 persons of the general population were interviewed. Ultra-high risk criteria were assessed with the 'Structured Interview for Psychosis-Risk Syndromes' (SIPS), basic symptom criteria with the 'Schizophrenia Proneness Instrument, Adult version' (SPI-A), and help-seeking with a modified version of the WHO pathway-to-care questionnaire. Additionally, satisfaction with potential treatment outcome was assessed with the Brief Multidimensional Life Satisfaction Scale.

285 (21.9%) interviewees reported help-seeking for mental problems; 105 (8.1%) 'help-seekers' also reported symptoms included in the at-risk criteria for psychosis, irrespective of them fulfilling the respective time and frequency criteria (AtRisk). The group of AtRisk (29.5%) sought significantly more often help than persons not experiencing at-risk symptoms (NoRisk=19.1%; Cramer's V=0.112). Both groups mainly contacted a psychiatrist/psychologist or a general practitioner first. Main reasons for help-seeking in both groups were depressive mood (AtRisk=35.7%; NoRisk=38.5%), anxiousness (AtRisk=30.4%; NoRisk=20.9%) and family problems (AtRisk=30.4%; NoRisk=35.2%). Of the AtRisk, only two spontaneously named at-risk symptoms as a main reason for help-seeking. Interestingly, AtRisk were less satisfied with treatment success than NoRisk.