



Pathways to care in youth and young adults at clinical high risk for psychosis in Switzerland: Current situation and clinical implementation of the PsyYoung project

Barbara Bailey¹ | Alessandra Solida² | Christina Andreou^{3,4} |
 Kerstin Jessica Plessen^{5,6} | Philippe Conus⁷ | Mathieu Mercapide⁵ |
 Afrodite Kasparidi⁵ | Caroline Conchon⁷ | Elodie Sprüngli-Toffel⁷ |
 Davina Genoud⁵ | Camille Caron¹ | Philippe Golay⁷  | Logos Curtis⁸ |
 Evelyn Herbrecht¹ | Christian G. Huber¹ | Luis Alameda^{7,9,10} | Marco Armando^{5,6} 

¹Universitäre Psychiatrische Kliniken (UPK) Basel, Universität Basel, Basel, Switzerland

²Centre Neuchâtelois de Psychiatrie (CNP), Neuchâtel, Switzerland

³Department of Psychiatry and Psychotherapy, Translational Psychiatry Unit, University of Lübeck, Lübeck, Germany

⁴SRO Spital Oberaargau, Psychiatric Services, Langenthal, Switzerland

⁵Division of Child and Adolescent Psychiatry, Lausanne Hospital (CHUV), Lausanne, Switzerland

⁶Faculty of Biology and Medicine, University of Lausanne, Lausanne, Switzerland

⁷General Psychiatry Service, Treatment and Early Intervention in Psychosis Program (TIPP-Lausanne), Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland

⁸Unité de Psychiatrie du Jeune Adulte, Service des spécialités psychiatriques, Département de psychiatrie, Hôpital Universitaire de Geneve, Geneve, Switzerland

⁹Psychology and Neuroscience, King's College of London, London, UK

¹⁰Centro Investigacion Biomedica en Red de Salud Mental (CIBERSAM); Instituto de Biomedicina de Sevilla (IBIS), Hospital Universitario Virgen del Rocío, Departamento de Psiquiatria, Universidad de Sevilla, Sevilla, Spain

Correspondence

Marco Armando, Division of Child and Adolescent Psychiatry, Lausanne Hospital (CHUV), Lausanne, Switzerland.
 Email: marco.armando@chuv.ch

Funding information

Promotion Santé Suisse, Grant/Award Number: 19.313; Office Fédéral de la Santé Publique

Abstract

Aim: We aim to give an insight into the current situation in Switzerland concerning the pathways to care of young people with clinical high risk of psychosis. In a second step we propose a procedure of optimizing pathways to care developed within the project PsyYoung.

Methods: A qualitative survey derived and adapted from Kotlicka-Antczak et al. (2020) was conducted in large early detection services of three Swiss cantons (Geneva, Basel-Stadt, Vaud) focusing on pathways to care. More specifically, using questionnaires delivered to the heads of participating services, information was collected on referral sources, on activities to implement outreach campaigns and on the use of a pre-screening tool.

Results: Main results on referral source indicated that sources were variable but seemed to come primarily from the medical sector and more so from the psychiatric sector. Very few referrals came from non-medical sectors. Outreach activities

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial](https://creativecommons.org/licenses/by-nc/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2024 The Authors. *Early Intervention in Psychiatry* published by John Wiley & Sons Australia, Ltd.

included the contact to other clinics as well as through brochures and posters. All services but one used the Prodromal Questionnaire – 16 as pre-screening tool.

Conclusions: All in all, the results indicate a referral and care pathway system implemented mostly within the medical and particularly mental health sector. Accordingly, the PsyYoung project proposes a procedure for pathways to care which could help overcome the obstacle of referrals being restrained to a narrow field of mental health and to harmonize the referral process within services dedicated to the same aim of helping young people at high risk of developing a psychosis.

KEYWORDS

clinical high risk for psychosis, early detection, early intervention, pathways to care, PsyYoung

1 | INTRODUCTION

Psychotic disorders are one of the worldwide leading causes of chronic disability in young people (Vos et al., 2017). Around 1.7% of people from the general population are at risk of developing psychosis. Among youth between 18 and 25 years old, this prevalence reaches 4% to 8% in the general population and 19.2% in clinical populations. The latter can be defined as individuals already distressed by mental problems and seeking help for them (Salazar de Pablo, Radua, et al., 2021; Salazar de Pablo, Woods, et al., 2021). It is now widely acknowledged that timely treatment in the early stages of psychotic disorders can improve clinical and functional outcomes, prevent negative social consequences of psychosis such as social isolation, unemployment, and homelessness, and reduce the risk for self-harm and violence (Oliver et al., 2018). Awareness of this fact has led to an increased focus on early detection, prevention, and treatment of people at risk psychosis over the last 25 years around the world (Salazar de Pablo et al. 2021a, 2021b). This focus prompted the development of a risk model of psychosis ranging from early diagnosis to early treatment, which either refers to the ‘Clinical High Risk for Psychosis’ (CHR-P) model or the ‘At-Risk Mental State’ (ARMS) model (Fusar-Poli et al., 2020).

Despite the progress made in this domain, many questions raised throughout the years have challenged the validity and effectiveness of the CHR-P model (Armando et al., 2021; McGorry et al., 2018; Mei et al., 2021; Moritz et al., 2019; Raballo et al., 2023). Part of this criticism is led by the fact that, on average, 75% of patients considered at risk for psychosis will not convert to a full-blown psychotic disorder (Salazar de Pablo et al. 2021a, 2021b) and that inefficient pathway to care systems makes it difficult to detect CHR-P individuals before a first episode of psychosis (Fusar-Poli et al., 2019). Moreover, although current psychometric diagnostic instruments such as the Comprehensive Assessment for At Risk Mental States (CAARMS) (Yung et al., 2005), the Structured Interview for Psychosis Risk Syndromes (SIPS) (McGlashan et al., 2010), or the Schizophrenia Proneness Instruments-Adults (SPI-A) (Schultze-Lutter et al., 2007) and Child and Youth (SPI-CY) (Schultze-Lutter & Koch, 2010) assessing diagnosis have outstanding sensitivity, their specificity is still relatively poor (Oliver et al., 2022), suggesting they may be more useful in ruling out

psychosis risk than in predicting a possible future transition to psychosis (Fusar-Poli et al., 2016).

Universal primary prevention strategies such as low-threshold referral strategies and outreach campaigns targeting the general population seem not indicated due to their limited efficacy (Estradé et al., 2022). Rather, more focused selective primary and secondary prevention strategies such as refined public health interventions are needed to optimize timely detection of young people at risk for psychosis, while at the same time minimizing unnecessary psychiatric referrals and treatments (Fusar-Poli et al., 2019).

Within this framework, we have developed the intercantonal collaborative Swiss project ‘PsyYoung’, which involves six adult and child and adolescent mental health services from three Swiss cantons (Basel-Stadt, Geneva and Vaud. For more details concerning the project see Andreou et al., 2021; Conchon et al., 2023). This project has been funded by a grant from Promotion Santé Suisse within the context of the program for boosting prevention in health care by the Swiss Ministry of Health (<https://gesundheitsfoerderung.ch/praevention-in-der-gesundheitsversorgung/projektfoerderung/geofoerde-projekte/projekt-psyyoung>).

The overall aim of this project is to optimize the pathways to care of CHR-P individuals, thus improving the current strategies and along going challenges of the CHR-P model. To reach this general aim, the project has several objectives such as unifying standards of referral, assessment, and treatment, through means of implementing a stepped-care model and creating an online information platform. Further complementary objectives of the PsyYoung project are to implement networking with local and Swiss wide stakeholders and to potentiate knowledge transfer to health care professionals offering trainings on CHR-P early detection and intervention (for an overview of the project see Table 1; for more details on the whole project see: Andreou et al., 2021; www.psyyoung.ch).

Prior to implementing these service delivery changes and as a service baseline assessment, we conducted a broad survey to investigate core characteristics relating to the level of implementation of each CHR-P service involved in the project (for the results on the broad survey see Solida et al. in preparation and available upon request). The present paper aims to (1) present the survey results concerning the description of pathways to care and the identification of the main

TABLE 1 Impact model of the PsyYoung project.

Output	Outcome		
	Multiplicators	Target groups	Impact
<ul style="list-style-type: none"> Assess current situation Unify standards of referral, assessment and treatment Implement stepped-care model Online information Platform Trainings for health care professionals Networking with local and swisswide stakeholders 	<p>Attitudes:</p> <ul style="list-style-type: none"> Acknowledge importance of early psychosis assessment and intervention <p>Knowledge:</p> <ul style="list-style-type: none"> Signs and symptoms of psychosis high risk Referral possibilities Indications and standards for treatment <p>Behaviour:</p> <ul style="list-style-type: none"> Faster referral to specialized services Avoid non-indicated medication treatment <p>Culture:</p> <ul style="list-style-type: none"> Systematic identification and needs-based treatment with increased focus on functionality and quality of life <p>Structures:</p> <ul style="list-style-type: none"> Improved interdisciplinary collaboration at interfaces between services 	<p>Attitudes:</p> <ul style="list-style-type: none"> Satisfaction with available treatments Satisfaction with the service <p>Knowledge:</p> <ul style="list-style-type: none"> Signs and symptoms Treatment possibilities <p>Behaviour:</p> <ul style="list-style-type: none"> Acceptance of and adherence to treatment 	<p>Improved quality of life, functionality, and reduced burden of illness incl. illness costs</p> <p>Embed early psychosis intervention in public health care and health care politics</p>

referral sources prior to the implementation of service changes of the project PsyYoung; (2) to propose a clinical implementation of pathways to care strategy in accordance with the results of the survey and adapted to the local mental health services functioning.

2 | METHODS

2.1 | Sample and procedures

The survey was conducted in four out of the six services involved in the study (those who already had an established CHR-P unit at the moment of the survey), representing the three aforementioned cantons (Geneva, Basel and Vaud). Although some of the services included in the study also have units dedicated to first episodes of psychosis, all the information contained in this paper as well as all the information collected as part of the PsyYoung study (see study protocol for more details, Conchon et al., 2023) refers to CHR-P services and populations. Data related to FEPs was collected to respond to secondary aims.

Questionnaires were delivered to the head of each participating services involved in the PsyYoung project by email in June 2020. They provided answers directly or through relevant participating team members. The survey questions covered the period of activities of the services within the previous 12 months.

A CHR-P unit was defined as a program or unit aiming for the early detection of CHR-P patients using validated instruments such as the Structured Interview for Psychosis-risk Syndromes (SIPS)

(McGlashan et al., 2010) or the Comprehensive Assessment of At-Risk Mental States (CAARMS) (Yung et al., 2005).

The services offering early detection for psychosis risk at the time of the survey were: BEATS (Basel Early Treatment Service; number of total referrals during the 12 month before the survey: $N = 75$), a service with joint collaboration between adult psychiatry and child and adolescent psychiatry of the university psychiatric clinics (UPK) in Basel-Stadt; JADE program (young adult with emerging mental disorder; number of total referrals during the 12 month before the survey: $N = 200$), an adult outpatient psychiatric service for young adults integrated in the 'unité de psychiatrie du jeune adulte (UPJA)' of the university hospitals (HUG) in Geneva; Platform Triple E-OMP (number of total referrals during the 12 month before the survey: $N = 35$), a service for adolescent and child outpatients in Geneva; and the program ARMS-TIPP (Treatment and Early Intervention in Psychosis Program), in the service of general psychiatry, department of psychiatry in the Centre Hospitalier Universitaire Vaudois (CHUV) (number of total referrals during the 12 month before the survey: $N = 38$), in Lausanne, a service dedicated to young adult outpatients.

As each canton in Switzerland has its own medical health service structures, service structures can differ from canton to canton. BEATS is a service integrated into the communal psychiatric services with an intake age range of 15 to 35 years. JADE is a service also integrated into the structures of the communal psychiatric services with an intake age range of 18 to 25 years. Platform Triple E is a hub-and-spoke clinical platform within the child and adolescent psychiatry outpatients and educational system of the canton Geneva with an intake age range of 8 to 18 years. The program ARMS-TIPP is integrated into the

communal psychiatric services of the canton Vaud with an intake age range of 18 to 35 years (Baumann et al., 2013). Concerning referrals, some services accepted direct referrals from help-seeking persons, their caregivers, or family/friends, non-medical or medical services or other psychiatric services (e.g., JADE, Platform Triple-E and ARMS-TIPP), others had their referrals running through a walk-in unit (e.g., BEATS).

2.2 | Instruments

The online qualitative survey was adapted from Kotlicka-Antczak et al. (2020). The questionnaire is structured in three sections: (i) Basic information: with 11 questions about the characteristics, structure and longevity of the CHR-P service; (ii) Recruitment, assessment and care: with 7 questions on pathways to care such as referral sources, the most common referral source, the presence or absence of a screening instrument and psychometric instruments for psychosis and patients at risk and (iii) 20 questions on interventions provided, duration of follow-ups, trend of numbers of users, whether the centres do implement research or not, delays for appointment (for the results of the whole survey see Solida et al. in preparation).

The questionnaire was administered to analyse the mechanism of access to care. In the current study, we focus on the questions that relate to the pathways to care procedures and that corresponds to question 13 (i.e., 'What are the referral sources for your CHR service?'), 14 (i.e., 'Which is the most frequent source of referrals for your CHR service?'), 15 (i.e., 'Through which activities is your CHR service implementing its outreach campaign?'), 16 (i.e., 'Do you use a pre-screening instrument at your service?') and 27 (i.e., 'How would you describe the trend in the number of users at the service over the past 2 years?') of the questionnaire. Questions 13 and 15 are multiple answer questions, question 27 has three answer categories (numbers remaining stable, increasing, or decreasing).

2.3 | Data analysis

Given the limited number of four centres and the characteristics of the survey, purely descriptive statistics were used to summarize the data.

3 | RESULTS

3.1 | Source of referrals

Options for sources of referrals vary between the services and each service stated several sources of referrals. The most frequently mentioned sources of referral across all services were partners from the mental health sector. All services received referrals from the inpatient, outpatient, and private mental health sector depending on the age profile for referrals of their service. Self-referrals and referrals from caregivers were stated from three out of four services. Referral

sources from general practitioners and paediatricians were stated by all services, again depending on their age profile for referrals. Only one service stated the somatic hospitals and emergency department as referral sources. Referral sources from the educational system (schools, colleges, social workers) were stated by two services, whereas only one service stated the criminal justice and police system as referral source (see Figure 1).

When looking at the most common source of referral, one service for young adults (ARMS-TIPP) and one service for adolescents and young adults (BEATS) quoted the community outpatient adult mental health services as primary referral source, one service for adolescents (Triple E platform) named the community outpatient adolescent and child mental health service as primary referral source and one service for young adults (JADE) named self-referrals and referrals from caregivers as primary source.

3.2 | Activities of outreach to obtain referrals

Activities of outreach to obtain referrals are primarily performed with outpatient and satellites clinics, which were stated by three out of the four services. Other outreach activities were performed through online platforms (websites) or brochures and posters by two services each. Outreach with youth hubs or governmental organizations were mentioned by one service each. Outreach through articles and advertisements or workshops for community counsellors or mental health counsellors were stated by one service as one possible outreach activity (see Figure 1). None of the services quoted direct outreach with the educational sector (schools or students), with private hospitals, with armed forces, or through social media such as Twitter, Facebook, blogs, or newsletters.

3.3 | Screening instruments

Three out of four services used a pre-screening tool to filter referrals, namely the validated pre-screening questionnaire '16-Item Prodromal Questionnaire' (PQ-16) (Ising et al., 2012). One service had not yet implemented a screening tool before referral.

The PQ-16 is an assessment tool sufficiently sensitive and specific to identify individuals in need for a more comprehensive assessment of psychosis risk, thus enhancing the pre-test risk in the population of help-seeking young people being referred to a CHR-P service. The questionnaire has been validated recently in the French language (Lejuste et al., 2021).

3.4 | Trend in number of users

Regarding the trend in numbers of users at the services over the past 2 years, three centres reported remaining stable numbers of users over this period (ARMS-TIPP, BEATS, JADE) and one centre reporting increasing number of referrals (Triple E platform).

Referral sources	JADE Geneva	ARMS-TIPP Lausanne	BEATS Basel	Triple E Geneva
<i>Mental Health Sector</i>				
Adult Mental Health Services (AMHS)				
Child and Adolescent Mental Health Services (CAMHS)				
Adult psychiatric hospitals (inpatient)				
Adolescent psychiatric hospitals (inpatient)				
Privat adult and CAD psychiatrists				
Early Intervention centres (First episode psychosis program)				
<i>Medical Sector</i>				
Pediatricians				
General practitioners				
Medical professionals from somatic hospitals				
Emergency departments				
<i>Self and carers</i>				
Self-referrals and caregivers				
<i>Educational system</i>				
Schools, colleges, and social workers				
<i>Legal system</i>				
Police and criminal justice system				
Activities of outreach				
Website				
Social Media (Blogs/Twitter/Facebook)				
Newsletters				
Articles and advertorials				
Brochures and posters				
Student internships				
Roadshows				
Educational visits to schools				
Workshops for community counsellors/mental health				
With youth hubs				
With internet gaming shops				
With government organisations				
With private hospitals				
With armed forces				
With outpatient and satellite clinics				

FIGURE 1 Referral sources (question 13) and activities of outreach (question 15) for each service. (light green: multiple referral sources, dark green: most common referral source).

4 | DISCUSSION

This survey shows which were the most common pathways to care for youths at CHR-P in four different services (ARMS-TIPP, BEATS, JADE, Platform Triple - P) of three Swiss cantons during the period June 2019–June 2020. Although there are many elements in common between three cantons, there are also many disparities, probably due to the local differences in healthcare and school system.

Overall, we can see that most of the referrals come from: (a) public child and adolescent and adult psychiatric services, (b) and the private psychiatric sector.

The most common referral pathway for three out of four CHR-P units runs through outpatient services. On the contrary, we observe lower rates of referrals coming from schools, GPs, and to an even lesser extent from social workers or the forensic system.

The low rate of referrals from schools can be at least partly explained by the fact that only two services (Triple E and BEATS) also take in charge school-age adolescents. As the survey was not conceptualized for enquiring the precise number of referrals and this will be object of future publications within the PsyYoung project (Conchon et al., 2023), these referral paths cannot be quantified in numbers. The fact that numbers have not increased but remained stable in three

of four centres the 2 years prior to the survey may indicate that the centres fulfil their goals, but outreach might not be efficient nor broad enough to increase the number of referrals. No service stated a decline in referral numbers and all services had a maximum waiting time for a first appointment of 4 weeks' time. The fact of no increase might in addition be partly a fact of few staff resources resulting in low capacity for intake of new users, but this reason seems to have a lesser impact on user number, due to a reasonably small waiting time for appointments.

In sum, to improve pathways to care, we must improve collaboration with those specific stakeholders who represent the non-psychiatric stakeholders (i.e., paediatricians, general practitioners, non-psychiatric medical services); and the non-medical services (schools, universities, social care systems, etc.). Within the framework of this general effort, we also need to improve the activity aimed at sensitizing stakeholders—that is, having a wider network of stakeholders but at the same time having a selected group of help-seeking individuals through qualified and trained persons referring to the specialized units.

As for the activities of outreach to possible referrers we can see a strong scattering of potential outreach sources, indicating that each centre has established a networking activity with their outreach sources and/or reach out to sources that are closer to their goals and offers of the service such as for example, with the Triple E targeting adolescents, thus reaching out to youth hubs and possibly also to government organizations dealing with youth issues. Most popular among the outreach sources are the written media channels such as website, brochures, and articles, which in their way reach potentially a broad public audience.

Thus, we assume a bias in the type of referral source in each individual centre, as we hypothesize that it is linked to the way and type of outreach activities of the centres. As for the scattered outreach activities along the four centres we clearly see the need to generalize and open the outreach to referral sources within the broader social, developmental and health sector.

The present study is based on the components of a previous survey (Kotlicka-Antczak et al., 2020) using their existing questions. Thus, the study design and rationale are not new in themselves, but this kind of study has never been performed in Switzerland so far, thus giving valuable information on the aspects of pathway to care in an example country like Switzerland where special characteristics of the health care system apply. Switzerland has free access to health care and resources within the care system are not extensively restricted. Therefore, outreach to potential referrals and collaborations with these sources are very much up to the mental health care institutions themselves and can be adapted to the needs and demographic structures of the respective geographical region. A harmonized and more concerted procedure of outreach and pathway to care including shared screening instruments can help to close the gaps not being address so far in outreach and pathway.

4.1 | Proposal for clinical implementation of pathways to care strategy

Since the results of the survey showed that the pathway to care was not able to interact with other stakeholders than those of the mental health sector in all three cantons of Switzerland, a more harmonized and standardized procedure for creating more direct pathways to care was established within the project PsyYoung (see Figure 2). This procedure involves the sensitization of stakeholders beyond the mental health sector, offering specific sensitization training courses for professionals in all sectors (mental health, medical, educational, and legal systems) and the use of a pre-screening tool by referrers of all sectors.

Sensitization of stakeholders will involve a general (harmonized) online platform, regular newsletters to all stakeholders, brochures for professionals as well as individuals in need and their caregivers. Given that three out of four services used the PQ-16, a well validate instrument available in French as pre-screening tool to filter referrals it was

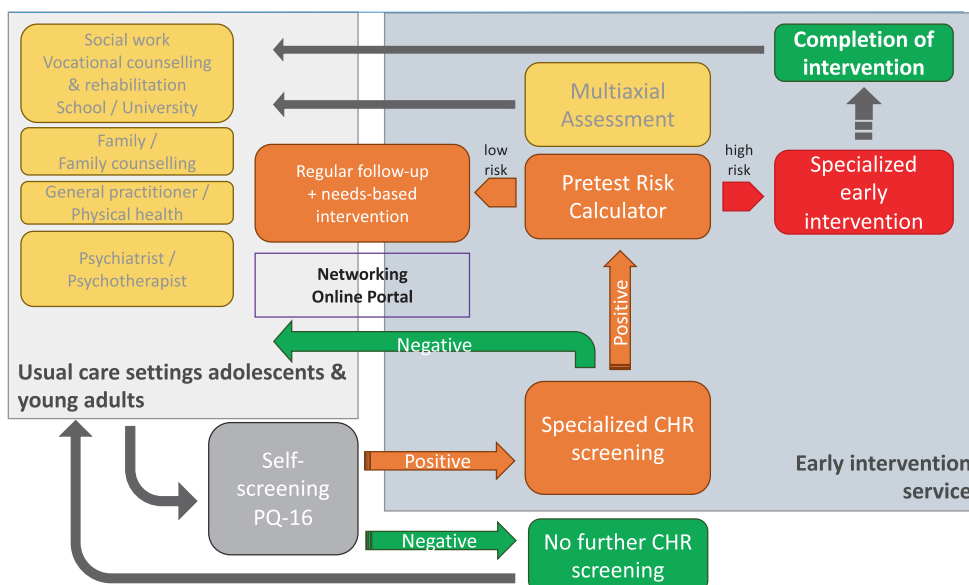


FIGURE 2 Psy Young model of pathways to care.

decided that this tool was used for the proposed model (Ising et al., 2012; Lejoste et al., 2021).

Special training courses will be addressed to indicated stakeholders with the goal of having the potential knowledge to filter persons in need for a more extensive assessment including the appropriate use of the pre-screening tool PQ-16. According to current validated cut-off points for a recommended referral (Savill et al., 2018), the person in need will be either referred to a CHR-P unit or to another appropriate mental health facility.

This proposed procedure facilitates the pre-assessment risk enhancement which is crucial to ameliorate the prognosis accuracy of the CHR criteria. (Estradé et al., 2022; Fusar-Poli et al., 2019).

Our study has some limitations: The data collected was limited to that provided through questionnaires by service heads and/or participating service team members and focused essentially on referral sources, pre-screening tools, and outreach campaigns. While we believe this is sufficient to give a relevant overview of pathway to care systems, more detailed patient-derived data (such as clinical or demographic indicators for example DUP, previous service health care, etc.) was not obtained and could identified variables influencing referral systems. Moreover, the study was limited to four CHR-P centres and only few focusing on adolescents, therefore only representing a fraction of the early intervention landscape in Switzerland, and not allowing enough data collection to conduct some detailed statistical analyses. In line with the survey of Kotlicka-Antczak et al., 2020 data was solely collected with service heads and/or participating service team members.

Our proposal of pathway to care could nevertheless provide a more general model of networking, fitting with health systems at a national level and allowing access to adequate training for professionals and to best practice care for patients, also in non-academic settings.

5 | CONCLUSIONS

In conclusion, the situation in the three cantons of Basel, Vaud and Geneva at the beginning of the project showed that in order to improve the process of pathways to care, more efforts are needed to ameliorate the partnership between stakeholders (i.e., medical and non-medical) and CHR-P centres. To address this issue, a coordinated and consistent transcantonal training program dedicated to stakeholders has been developed and is currently ongoing in the three cantons. This training aims at reinforcing the collaboration strings with other stakeholders and at increasing the knowledge about early detection in psychosis and referral procedures. Moreover, a structured pathway to care system has been created (see Figure 2) and is currently being implemented across the three Swiss cantons. We hope this strategy will increase the number and accuracy of referrals to specialized centres, also following the use of the proposed pre-assessment screening test PQ-16. We believe that this strategy may ultimately lead to a more effective and prompt access to specialized services, resulting in (1) a reduction of the length of untreated

prodromal symptoms, (2) a reduction of the transition rates and (3) to a better functional outcome independently of the clinical transition.

ACKNOWLEDGEMENTS

We would like to acknowledge *Promotion Santé Suisse* (grant number 19.313) and the *Office Fédéral de la Santé Publique* for granting and sustaining this project. Dr Luis Alameda thanks the Foundation Adrian and Simone Frutiger and Carigest SA Foundation for their support. Open access funding provided by Université de Lausanne.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data available on request from the authors.

ORCID

Philippe Golay  <https://orcid.org/0000-0002-2273-6241>

Marco Armando  <https://orcid.org/0000-0001-7074-7212>

REFERENCES

- Andreou, C., Bailey, B., Armando, M., Micali, N., Huber, C., Herbrecht, E., Curtis, L., Genoud, D., Borgwardt, S., Plessen, K. J., Conus, P., & Solida, A. (2021). PsyYoung: A transcantonal project for facilitating access to care for young people at risk for psychotic disorders. *Revue Medicale Suisse*, 17(751), 1597–1601.
- Armando, M., Klauser, P., Anagnostopoulos, D., Hebebrand, J., Moreno, C., Revet, A., & Raynaud, J. P. (2021). Clinical high risk for psychosis model in children and adolescents. A joint position statement of ESCAP Clinical Division and Research Academy. *European Child + Adolescent Psychiatry Journal*, 29(4), 413–416. <https://doi.org/10.1007/s00787-020-01499-3>
- Baumann, P. S., Crespi, S., Marion-Veyron, R., Solida, A., Thonney, J., Favrod, J., Bonsack, C., Do, K. Q., & Conus, P. (2013). Treatment and early intervention in psychosis program (TIPP-Lausanne): Implementation of an early intervention programme for psychosis in Switzerland. *Early Intervention in Psychiatry*, 7(3), 322–328. <https://doi.org/10.1111/eip.12037>
- Conchon, C., Sprüngli-TOffel, E., Alameda, L., Edan, A., Bailey, B., Solida, A., Plessen, K. J., Conus, P., Kapsaridi, A., Genoud, D., Cramer, A., Jouabli, S., Caron, C., Grob, C., Gros, J., Senn, S., Curtis, L., Liso Navarro, A., Barbe, R., ... Andreou, C. (2023). Improving pathways to care for patients at high psychosis risk in Switzerland: PsyYoung study protocol. *Journal of Clinical Medicine*, 12, 4642.
- Estradé, A., Salazar de Pablo, G., Zanotti, A., Wood, S., Fisher, H., & Fusar-Poli, P. (2022). Public health primary prevention implemented by clinical highrisk services for psychosis. *Translational Psychiatry*, 12, 43. <https://doi.org/10.1038/s41398-022-01805-4>
- Fusar-Poli, P., Salazar de Pablo, G., Correll, C. U., Meyer-Lindenberg, A., Millan, M. J., Borgwardt, S., Galderisi, S., Bechdolf, A., Pfennig, A., Kessing, L. V., van Amelsvoort, T., Nieman, D. H., Domschke, K., Krebs, M. O., Koutsouleris, N., McGuire, P., do, K. Q., & Arango, C. (2020). Prevention of psychosis: Advances in detection, prognosis, and intervention. *JAMA Psychiatry*, 77, 755. <https://doi.org/10.1001/jamapsychiatry.2019.4779>
- Fusar-Poli, P., Schultze-Lutter, F., Cappucciati, M., Rutigliano, G., Bonoldi, I., Stahl, D., Borgwardt, S., Riecher-Rössler, A., Addington, J., Perkins, D. O., Woods, S. W., McGlashan, T., Lee, J., Klosterkötter, J., Yung, A. R., & McGuire, P. (2016). The dark side of the moon: Meta-analytical impact of recruitment strategies on risk enrichment in the

- clinical high risk state for psychosis. *Schizophrenia Bulletin*, 42(3), 732–743.
- Fusar-Poli, P., Sullivan, S. A., Shah, J. L., & Uhlhaas, P. J. (2019). Improving the detection of individuals at clinical risk for psychosis in the community, primary and secondary care: An integrated evidence-based approach. *Frontiers in Psychiatry*, 10, 774. <https://doi.org/10.3389/fpsy.2019.00774>
- Ising, H. K., Veling, W., Loewy, R. L., Rietveld, M. W., Rietdijk, J., Dragt, S., Klaassen, R. M., Nieman, D. H., Wunderink, L., Linszen, D. H., & van der Gaag, M. (2012). The validity of the 16-item version of the Prodromal Questionnaire (PQ-16) to screen for ultra high risk of developing psychosis in the general help-seeking population. *Schizophrenia Bulletin*, 38(6), 1288–1296. <https://doi.org/10.1093/schbul/sbs068>
- Kotlicka-Antczak, M., Podgórski, M., Oliver, D., Maric, N. P., Valmaggia, L., & Fusar-Poli, P. (2020). Worldwide implementation of clinical services for the prevention of psychosis: The IEPA early intervention in mental health survey. *Early Intervention in Psychiatry*, 14(6), 741–750.
- Lejuste, F., Pedron, L., Bonnard, E., Urban, M., Morvan, Y., Urben, S., Gaillard, R., Conus, P., & Krebs, M. O. (2021). Validation d'une version française du 16-items Prodromal Questionnaire (fPQ16) chez des adolescents et jeunes adultes consultant en psychiatrie. *L'Encéphale*, 47(6), 547–553.
- McGlashan, T., Walsh, B. C., & Woods, S. W. (2010). *The psychosis risk syndrome: Handbook for diagnosis and follow-up*. Oxford University Press.
- McGorry, P. D., Hartmann, J. A., Spooner, R., & Nelson, B. (2018). Beyond the “at risk mental state” concept: Transitioning to transdiagnostic psychiatry. *World Psychiatry*, 17, 133–142. <https://doi.org/10.1002/wps.20514>
- Mei, C., van der Gaag, M., Nelson, B., Smit, F., Yuen, H. P., Berger, M., Krčmar, M., French, P., Amminger, G. P., Bechdolf, A., Cuijpers, P., Yung, A. R., & McGorry, P. D. (2021). Preventive interventions for individuals at ultra high risk for psychosis: An updated and extended meta-analysis. *Clinical Psychology Review*, 86, 102005.
- Moritz, S., Gawęda, L., Heinz, A., & Gallinat, J. (2019). Four reasons why early detection centers for psychosis should be renamed and their treatment targets reconsidered: We should not catastrophize a future we can neither reliably predict nor change. *Psychological Medicine*, 49(13), 2134–2140.
- Oliver, D., Arribas, M., Radua, J., Salazar de Pablo, G., de Micheli, A., Spada, G., Mensi, M. M., Kotlicka-Antczak, M., Borgatti, R., Solmi, M., Shin, J. I., Woods, S. W., Addington, J., McGuire, P., & Fusar-Poli, P. (2022). Prognostic accuracy and clinical utility of psychometric instruments for individuals at clinical high-risk of psychosis: A systematic review and meta-analysis. *Molecular Psychiatry*, 27, 3670–3678.
- Oliver, D., Davies, C., Crossland, G., Lim, S., Gifford, G., McGuire, P., & Fusar-Poli, P. (2018). Can we reduce the duration of untreated psychosis? A systematic review and meta-analysis of controlled interventional studies. *Schizophrenia Bulletin*, 44(6), 1362–1372.
- Raballo, A., Poletti, M., & Preti, A. (2023). Clinical High Risk for Psychosis (CHR-P) in children and adolescents: A roadmap to strengthen clinical utility through conceptual clarity. *European Child & Adolescent Psychiatry*. <https://doi.org/10.1007/s00787-023-02139-2>
- Salazar de Pablo, G., Radua, J., Pereira, J., Bonoldi, I., Arienti, V., Besana, F., Soardo, L., Cabras, A., Fortea, L., Catalan, A., Vaquerizo-Serrano, J., Coronelli, F., Kaur, S., da Silva, J., Shin, J. I., Solmi, M., Brondino, N., Politi, P., McGuire, P., & Fusar-Poli, P. (2021). Probability of transition to psychosis in individuals at clinical high risk: An updated meta-analysis. *JAMA Psychiatry*, 78(9), 970–978.
- Salazar de Pablo, G., Woods, S. W., Drymonitou, G., de Diego, H., & Fusar-Poli, P. (2021). Prevalence of individuals at clinical high-risk of psychosis in the general population and clinical samples: Systematic review and meta-analysis. *Brain Sciences*, 11(11), 1544.
- Savill, M., D'Ambrosio, J., Cannon, T. D., & Loewy, R. L. (2018). Psychosis-risk screening in different populations using the Prodromal Questionnaire – A systematic review. *Early Intervention in Psychiatry*, 12, 3–14.
- Schultze-Lutter, F., Addington, J., Ruhrmann, S., & Klosterkötter, J. (2007). *Schizophrenia proneness instrument, adult version (SPI-A)*. Giovanni Fioriti Editore.
- Schultze-Lutter, F., & Koch, E. (2010). *Schizophrenia proneness instrument, child and youth version (SPI-CY)*. Fioriti.
- Vos, T., Abajobir, A. A., Abate, K. H., Abbafati, C., Abbas, K. M., Abd-Allah, F., Abdulkader, R. S., Abdulle, A. M., Abebo, T. A., Abera, S. F., Aboyans, V., Abu-Raddad, L. J., Ackerman, I. N., Adamu, A. A., Adetokunboh, O., Afarideh, M., Afshin, A., Agarwal, S. K., Aggarwal, R., ... Murray, C. J. L. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 390(10100), 1211–1259.
- Yung, A. R., Yuen, H. P., McGorry, P. D., Phillips, L. J., Kelly, D., Dell'Olio, M., Francey, S. M., Cosgrave, E. M., Killackey, E., Stanford, C., Godfrey, K., & Buckby, J. (2005). Mapping the onset of psychosis: The comprehensive assessment of at-risk mental states. *The Australian and New Zealand Journal of Psychiatry*, 39, 964–971.

How to cite this article: Bailey, B., Solida, A., Andreou, C., Plessen, K. J., Conus, P., Mercapide, M., Kasparidi, A., Conchon, C., Sprüngli-Toffel, E., Genoud, D., Caron, C., Golay, P., Curtis, L., Herbrecht, E., Huber, C. G., Alameda, L., & Armando, M. (2024). Pathways to care in youth and young adults at clinical high risk for psychosis in Switzerland: Current situation and clinical implementation of the PsyYoung project. *Early Intervention in Psychiatry*, 1–8. <https://doi.org/10.1111/eip.13540>