



It has been recognised for some time that care for people with schizophrenia, and similar psychotic illnesses, needs to be designed and commissioned with regard to the needs and wishes of service users and carers. It is therefore important that commissioners planning for new care teams, such as early intervention services (EIS), have all the information they need to understand how much of the illness there is in the population at any one time, and how many new cases there will be in the years to come as the population expands. Without this knowledge, service commissioners will struggle to match population needs in a sustainable way. This aim of this research, commissioned by the Department of Health, is to provide more information on the incidence, prevalence, variability and cost of psychoses than has ever been drawn together before in the UK.

Research

A research team from the Department of Psychiatry, University of Cambridge, supported by the CLAHRC, Wellcome Trust and the Department of Health, reviewed the evidence on the incidence and prevalence of all psychotic disorders (including schizophrenia and affective psychotic disorders) in England in the last 60 years, looking at the effect of socio-demographic factors such as age, sex, ethnicity, migration, place of birth and upbringing, to determine the extent to which rates varied according to these factors over time.

Findings

The research team found that the incidence of psychotic disorders has been stable over time. With regard to age and gender, the findings were consistent with the wider international literature.

Key facts about psychosis

- First episode psychosis occurs more often in young men.
- A secondary peak in first episode psychosis is seen in women around age 45.
- Occurrence of new episodes of disorder are more common in some black and minority ethnic (BME) groups.
- Psychosis is more common in dense, city populations, particularly in deprived areas.
- Men and women have a similar incidence of affective psychoses, that decreases with age, with no apparent geographical or neighbourhood variation.
- Schizophrenia is responsible for most of the ongoing psychoses health service burden.
- Some affective psychoses e.g. bipolar disorder, are recurrent, with significant health service use (and associated costs) at 'crisis' points.

Conclusions

Given the strong genetic component that is likely to underpin the risk of developing psychosis, it is unsurprising that rates in England appear to be markedly unchanged since at least 1950 even having regard to the compositional changes in the population. Consistent variation in rates by place, ethnicity, age and sex, suggest environmental factors also play a role in the onset of the disorder.

Impact on commissioning

A key output of this research has been the development of a software modelling tool that can predict the expected number of people who will develop psychosis over a period of time. This can be used in different populations and is based on known risk factors.

This tool, called **PsyMaptic**, will enable commissioners to apply estimates to small area populations in the UK, producing the expected number of first episode psychosis in any given time period. This software will be made available as a free tool and will be particularly useful for commissioners of mental health services; more details can be obtained on www.PsyMaptic.org.

References

1. Cheng, F et al (2010) Administrative incidence of psychosis assessed in an early intervention service in England.
2. Kirkbride JB, Stubbs C, Jones PB. Psychosis incidence through the prism of early intervention services. *British Journal of Psychiatry*. 2012b; 200: 156-7.
3. Kirkbride JB, Errazuriz A, Croudace TJ, Morgan C, Jackson D, Boydell J, Murray RM, Jones PB. Incidence of schizophrenia and other psychoses in England, 1950-2009: a systematic review and meta-analyses. *PLoS One*. 2012a;7(3):e31660. Epub 2012 Mar 22. www.psychiatry.cam.ac.uk/epicentre/review