Letter to the Editor

they are resourced and structured to do so. For every problem within generic structures so long as good care can meet the fidelity guidelines and there is no (or very few) patient refusals, patients and families between sectors can be provided from where patients and families to people with schizophrenia whatever their stage of illness. Stand-alone early intervention services have been advocated in evidence-based health care for patients with a first episode of psychotic illness: the OPUS trial. (2010). Early specialised treatment for first-episode schizophrenia/schizophreniform patients achieved social/vocational and symptomatic remission (Henry LP, Amminger P, Harris MG, Yuen HP, Herrman H, Jackson HJ, McGorry PD (2010). Effect of early intervention in psychosis: faith before facts? Psychological Medicine, 40, 172-180.)

References

We do not believe that this is so. Rather than labelling hopelessness that is by no means justified by the facts'. (McGorry and colleagues suggest that we wish to be engaging generic services in the provision of a coherent and comprehensive response to people with schizophrenia whatever their stage of illness. Rather it points to a need for better integration of intervention rather than promote continuity of quality care across the lifespan of psychotic illness seems unjustified given this evidence on the loss of early gains. But this surely is not adequately address the challenges we raised. It is instead an example of how the early intervention agenda has been so successful in influencing policy – instead of providing a simple solution to a complex problem, argued with passion.

The fact remains that there is no evidence that we can fundamentally to change illness trajectories through intervention early in its course, delivered, is important. Further research regarding the management of early gains have not been maintained. But this surely may be, as McGorry and colleagues suggest, a predominant focus on early intervention seems a step too far.

We have yet much to learn about the care and treatment of people with psychotic illnesses such as schizophrenia. The main lesson to date from the early intervention agenda is that timely and comprehensive care is beneficial to patients whilst it is being delivered, is important.

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