

## Question

**Cite this article:** Hickie IB, Scott J, Shah J, Scott E, and Iorfino F. Is the concept of clinical staging a useful way of matching levels of intervention to the needs of young people with depressive or other mood disorders? *Research Directions: Depression*. 1, e16, 1–2. <https://doi.org/10.1017/dep.2023.28>

Received: 28 November 2023

Accepted: 28 November 2023

### Corresponding author:

Ian B. Hickie; Email: [ian.hickie@sydney.edu.au](mailto:ian.hickie@sydney.edu.au)

© The Author(s), 2023. Published by Cambridge University Press. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution and reproduction, provided the original article is properly cited.

# Is the concept of clinical staging a useful way of matching levels of intervention to the needs of young people with depressive or other mood disorders?

Ian B. Hickie<sup>1</sup>, Jan Scott<sup>2</sup>, Jai Shah<sup>3,4</sup>, Elizabeth Scott<sup>1</sup> and Frank Iorfino<sup>1</sup>

<sup>1</sup>Brain and Mind Centre, The University of Sydney, Camperdown, NSW, Australia; <sup>2</sup>Institute of Neuroscience, Newcastle University, Newcastle, UK; <sup>3</sup>Department of Psychiatry, McGill University, Montreal, QC, Canada and <sup>4</sup>Douglas Mental Health University Institute, Verdun, QC, Canada

## Context

A clinical concept that has been taken up with some enthusiasm in mental health services for young people experiencing major mental disorders is that of clinical staging, with the emphasis on identifying and intervening in youth with various ‘at-risk’, ‘sub-threshold’ or ‘attenuated’ syndromes, before the onset of first major episodes (Shah et al 2020). While these concepts were initially developed within the rather focused context of major psychotic disorders, they are now being deployed much more widely and applied to young people presenting with a variety of mental disorders (Hickie et al 2019; Shah 2019).

These approaches include various mixes of anxiety, depressive and other mood symptoms as the common and earliest clinical stages, and emphasize conceptually both optimal early treatment and secondary prevention strategies. However most work has been done on mapping trajectories to a very narrow set of illness (e.g., psychosis, bipolar disorder) or functional (role impairment) outcomes (Iorfino et al 2019; Capon et al 2022), and on evaluating specific interventions focused on prevention of progression to those less common (and more discrete) disorders. By contrast, less work has been done on differentiating adolescent-onset mood and anxiety disorders that are deserving of clinical interventions from earlier childhood risk states (e.g., childhood neurodevelopmental disorders, anxiety disorders).

While these frameworks have been praised for broadening the scope of young people who should have access to treatment, concerns have also been expressed that these illness staging models promote clinical care and active interventions prematurely to adolescents who do not have a current need for health care or are at very low risk of progression to any enduring illness or disability. Additionally, these critiques raise the concern of risk of iatrogenic harm through exposure to stigma or discrimination or the adverse effects of specific pharmacological or psychological therapies. Clearly documenting the benefit to risk ratios for specific interventions delivered in the early stages of major mood and anxiety disorders is, therefore, a high research priority.

While the outcome states of psychosis or mania may be clear and appropriate full-threshold, first episode states, it is far less clear what would constitute the equivalent states for major anxiety, depressive, other mood, or comorbid disorders? Can all these disorders simply be combined in a transdiagnostic, clinical staging model? Or, are anxiety and depressive disorders best dealt with separately, with a fundamentally different approach to the goals of early identification of, and provision of specific clinical interventions for, those at high risk of progression to chronic or persistent illness, comorbidity or functional impairment.

## How to contribute to this question

If you believe you can contribute to answering this Question with your research outputs find out how to submit in the Instructions for authors (<https://www.cambridge.org/core/journals/research-directions-depression/information/author-instructions/preparing-your-materials>). This journal publishes Results, Analyses, Impact papers and additional content such as preprints and ‘grey literature’. Questions will be closed when the editors agree that enough has been published to answer the Question so before submitting, check if this is still an active Question. If it is closed, another relevant Question may be currently open, so do review all the open Questions in your field. For any further queries check the information pages (<https://www.cambridge.org/core/journals/research-directions-depression/information>) or contact this email ([depression@cambridge.org](mailto:depression@cambridge.org)).

**Competing interests.** Ian Hickie is the Co-Director, Health and Policy at the Brain and Mind Centre (BMC) University of Sydney. The BMC operates an early-intervention youth services at Camperdown under contract to headspace. He is the Chief Scientific Advisor to, and a 3.2% equity shareholder in, InnoWell Pty Ltd which aims to transform mental health services through the use of innovative technologies.

## References

- Capon W, Hickie IB, Varidel M, Prodan A, Crouse JJ, Carpenter JS, Cross SP, Nichles A, Zmicerevska N, Guastella AJ, Scott EM, Scott J, Shah J and Iorfino F (2022) Clinical staging and the differential risks for clinical and functional outcomes in young people presenting for youth mental health care. *BMC Medicine*. **20**, 1–10.
- Hickie IB, Scott EM, Cross SP, Iorfino F, Davenport TA, Guastella AJ, Naismith SL, Carpenter JS, Rohleder C, Crouse JJ, Hermens DF, Koethe D, Markus Leweke F, Tickell AM, Sawrikar V and Scott J (2019) Right care, first time: a highly personalised and measurement-based care model to manage youth mental health. *Medical Journal of Australia* **211**, S3–S46.
- Shah JL (2019) Bringing clinical staging to youth mental health: from concept to operationalization (and back again). *JAMA Psychiatry* **76**, 1121–1123.
- Iorfino F, Scott EM, Carpenter JS, Cross SP, Hermens DF, Killedar M, Nichles A, Zmicerevska N, White D, Guastella AJ, Scott J, McGorry PD and Hickie IB (2019) Clinical stage transitions in persons aged 12 to 25 years presenting to early intervention mental health services with anxiety, mood, and psychotic disorders. *JAMA Psychiatry* **76**, 1167–1175.
- Shah JL (2019) Bringing clinical staging to youth mental health: from concept to operationalization (and back again). *JAMA Psychiatry* **76**, 1121–1123. 2019.
- Shah JL, Scott J, McGorry PD, Cross SP, Keshavan MS, Nelson B, Wood SJ, Marwaha S, Yung AR, Scott EM, Öngür D, Conus P, Henry C and Hickie IB (2020) Transdiagnostic clinical staging in youth mental health: a first international consensus statement. *World Psychiatry* **19**, 233–242.