EPD/23/06 - Development, acceptability, feasibility and preliminary outcome signals for a coproduced intervention targeting fear of relapse in people with schizophrenia

Background

Psychosis is a mental health condition characterized by a loss of contact with reality – it can be very distressing. While treatment can be effective for psychosis, there is often the risk of relapse – where people experience a return of psychotic symptoms, which can be frightening. While some level of fear of relapse (FoR) is likely beneficial as it encourages people to take care of their wellbeing and engage in treatment, too much can lead to problems such as depression and avoiding others. Experiencing FoR can even increase the risk of relapse itself, which means researchers want to help identify a treatment that works to reduce FoR. Despite the importance, many people do not get support for FoR. However, FoR is a common treatment target in people who have experienced cancer, and low-intensity talking therapy interventions delivered in around ten sessions or less are widely available.

Aims and Objectives

We hope to develop an intervention for FoR in psychosis by looking to the work already done in cancer and by listening to and learning from cancer patients and their clinicians. We will also speak to people living with schizophrenia and their clinicians about what they think would be essential to include in a new intervention. We think this will help us design an intervention people want to use. Then, once we have designed an intervention, we will evaluate whether it reduces FoR in a small group of people. We will conduct four separate studies to do this. We will have a group of researchers and four people with experience of schizophrenia that will meet regularly to give input into the study. Our patient partners are important and have helped come up with this research idea.

Methods

In study one, we will use one-on-one interviews to find out what has worked well for treating FoR in cancer, and what would be good to include for schizophrenia. Patients diagnosed with schizophrenia will be invited to co-analyse the data from the interviews to make sure patient views are represented. In study two, we will run two workshops where patients diagnosed with schizophrenia and staff. The workshops will have different activates so we can map out what patients and mental health staff would like in the intervention. After this, we will develop an intervention prototype based on the results. We will invite our patient partners to design the intervention too to make sure patients have ownership of the intervention. In study 3 will then give the prototype to around ten people living with schizophrenia to use in a one-off

session. While they are interacting with the intervention, the researcher will ask them to provide continuous commentary. This enables researchers to understand how easy the intervention is to use and will highlight if anything is confusing. We will ask if there is anything patients think the intervention is missing. Patient partners will be invited to suggest any further changes. In study four we will invite 12 people living with schizophrenia to access the intervention as a treatment for fear of relapse. We will ask people about their experiences of fear of relapse at different time points before and during intervention usage. This is important because it will help us decide if the intervention is safe (does not increase fear of relapse) and if it decreases fear of relapse. We will interview people using the intervention to find out about their experiences of using it.

Applications

By the end of the studies, we will have co-designed an intervention with patients and then tested it to see if it is likely to helpful which we can share