

**Article: 0002**

**Topic: D04 - Pro & Con Debate 03: Should staging be applied to major psychosis and mood disorders?**

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**Re-conceptualising Major Psychosis and Mood Disorders as Staged Illnesses : Towards Change in Clinical Services and Treatment**

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Major psychosis and mood disorders are neuroprogressive illnesses that develop from prodrome to episodic onset to relapse and recurrence and finally chronic, debilitating illness. There is considerable evidence supporting a staged model for mental illness. Moreover, acknowledging the staged progression of major psychiatric illness creates new opportunities for intervention. Conventional treatments focus on symptom reduction and prevention of relapse, with many services requiring triage levels that exclude all but the most severe patients. This generally results in most of the mental health resources being directed towards patients in the later stages of illness. Re-conceptualising major psychosis and mood disorders as staged illnesses suggests that there is a potential for improvement with regards to illness burden for patients and reduced health care costs if a greater portion of mental health resources were directed towards patients in early stages of illness and toward treatments that may prevent neuroprogression. Successful service models for early intervention already exist, such as Orygen Youth Mental Health in Australia, and many treatments that may impede the progression of mental illness have been identified. Ongoing research is investigating mechanisms by which illness neuroprogression occurs and is evaluating the neuroprotective capabilities of treatments. There is already sufficient experience and knowledge, as well as stage appropriate treatment and possible neuroprotective agents with mechanisms of action that may counteract the mechanisms of neuroprogression. There are sufficient tools to apply the staging model to our treatment and services now, and doing so will lead to better outcomes for patients.