**Lessons from an aborted controlled trial on the impact of befriending in an Early Intervention in Psychosis (EIP) population**

**Emma Bayford1** (Corresponding author)

[emma.bayford@solent.nhs.uk](mailto:emma.bayford@solent.nhs.uk)

Southampton Early Intervention in Psychosis service, Cannon House, 6 Cannon Street, Southampton, SO15 5PQ

**Dr Katherine Newman-Taylor**

[K.Newman-Taylor@soton.ac.uk](mailto:K.Newman-Taylor@soton.ac.uk)

Southampton Early Intervention in Psychosis service, Cannon House, 6 Cannon Street, Southampton, SO15 5PQ

**Dr Rachael Wood**

[Rachael.Wood@southernhealth.nhs.uk](mailto:Rachael.Wood@southernhealth.nhs.uk)

Southampton Psychological Services, College Keep, 4-12 Terminus Terrace, Southampton, SO14 3DT

**Dr Lars Hansen**

[lars.hansen@southernhealth.nhs.uk](mailto:lars.hansen@southernhealth.nhs.uk)

Southampton Early Intervention in Psychosis service, Cannon House, 6 Cannon Street, Southampton, SO15 5PQ

**Rebecca Jansen**

[Rebecca.Jansen@southernhealth.nhs.uk](mailto:Rebecca.Jansen@southernhealth.nhs.uk)

Southampton Early Intervention in Psychosis service, Cannon House, 6 Cannon Street, Southampton, SO15 5PQ

**Kyt Proctor2**

[kyt.proctor@southernhealth.nhs.uk](mailto:kyt.proctor@southernhealth.nhs.uk)

Southampton Early Intervention in Psychosis service, Cannon House, 6 Cannon Street, Southampton, SO15 5PQ

**Acknowledgements**

We would like to thank all those who took part in the study. We would also like to thank Southern Health NHS Foundation Trust for providing funding for the participant activities.

**Lessons from an aborted controlled trial on the impact of befriending in an Early Intervention in Psychosis (EIP) population**

Authors: Dr Lars Hansen[[1]](#footnote-1), Emma Bayford1,3, Dr Rachael Wood[[2]](#footnote-2), Kyt Proctor1,3, Rebecca Jansen1,3 and Dr Katherine Newman-Taylor[[3]](#footnote-3)

**Abstract**

**Aim:** The current study aimed to explore the effects of organised befriending for an Early Intervention in Psychosis (EIP) population.

**Methods:** Participants were randomly assigned to control or intervention groups. Those in the befriending arm were paired based on a shared interests questionnaire. Qualitative and quantitative methods were planned to assess experience and impact of the intervention across clinical and recovery outcomes. We aimed to recruit 60 participants, however only 16 participants completed the trial.

**Results:** The study was unsuccessful due to issues with recruitment and retention of participants. We gathered feedback from those who withdrew, to understand this better.

**Conclusions:** We offer our observations to other clinicians who may be considering similar research. A more assertive researcher-led approach over the first few meetings between matched pairs is likely to have been more effective in retaining participants' engagement in the study.

**Keywords;** first episode psychosis, early intervention, befriending, randomised control trial, unsuccessful

**Introduction**

There continues to be a pressing need to explore low intensity psycho-social interventions for people with psychosis, which may yield outcomes broadly comparable to more sophisticated and expensive therapies such as CBT (Jones et al, 2018). The social networks of people with a diagnosis of schizophrenia are modest (Klug, 2005) and reduce further at times of acute illness (Gayer-Anderson & Morgan, 2013), while wider social support predicts favourable outcomes (Degnan et al, 2018) and reduced hospitalisations at three year follow-up (Norman et al, 2005).

Befriending is a cost-effective form of social support (Turkington et al, 2017). Meeting with a non-professional has been shown to reduce social isolation in people with psychosis in community settings, with increased social contacts maintained at six-month follow-up (Priebe et al, 2019).

**Methods**

The impact of befriending has not yet been demonstrated in EIP settings, and so we set up a controlled trial in the Southampton EIP service, giving patients the opportunity to provide this support to one another, and receive a modest financial re-imbursement for their time, in line with best practice guidelines for user-involvement in research (NHS Health Research Authority, 2014).

Participants were randomly assigned to control or intervention groups, and completed the following outcome measures; Social Functioning Scale (Birchwood et al, 1990), Health of the Nation Outcome Scales (Wing et al, 1998), Clinical Outcomes in Routine Evaluation (Evans et al, 2000), UCLA Loneliness Scale (Russell et al, 1978), and the Hope, Agency and Opportunity Patient Reported Outcome Measure (Newman-Taylor et al, 2017). The intervention group also completed a brief survey of interests in order to match pairs, who were then encouraged to meet on six occasions over the following three months. The control group received treatment as usual, which includes care co-ordination and access to recommended medical and psychological treatments for early psychosis, physical health monitoring, and education / employment guidance (cf. NICE, 2016).

**Results**

Despite considerable recruitment efforts, the drop-out rate was high: 38% withdrew from the intervention group, and another 38% had to be withdrawn from the study due to being discharged from the team before completing the trial (typically following delays to identification of a compatible pair). As a consequence, the research was drawn to a close. We offer our observations to other NHS clinicians who may be considering similar research in their service.

Our key problems were regarding recruitment and retention. While an initial feasibility assessment indicated that there were sufficient numbers in our city based EIP to run the trial, this proved to be incorrect. Recruitment and compatible pairings are likely to have been improved had we included neighbouring EIP populations, so that we could pair participants more promptly, on the basis of their interests, age and gender.

Participants who withdrew gave mixed feedback. Some indicated that they had benefitted from conversations with their pair in which they shared experiences and gained a shared sense of ‘universality’ (Yalom & Leszcz, 2005). Others suggested that the organisation of meetings had been challenging**,** particularly in terms of arranging appointments and meetings being cancelled at the last minute.

**Conclusions**

The research protocol was designed so that participants were largely responsible for arranging the meetings in order to avoid service paternalism, and to encourage participants’ friendships to develop with minimal service input. In hindsight, a more assertive researcher-led organisation of meetings is likely to have been more effective, particularly for the first few sessions.

The impact of psychosis on social functioning (Heins et al, 2019) and the prevalence of social anxiety in this group (Michail & Birchwood, 2009) may also have affected participants’ ability to develop friendships without support. Initial meetings in larger groups with less emphasis on social communication may have allowed people to get to know each other before being paired, and therefore improved retention.

Given the current restrictions due to Covid-19, it would also be valuable to assess remote delivery options. These may work well given the acceptability of online formats for people with psychosis (Gottlieb et al. 2013; Stafford et al. 2015), and the time that young people spend online (Burns et al. 2009). Initially, chat and messaging contacts could be encouraged without the use of cameras. We would also expect that clear organisational guidance and structured support would be needed to ensure that early contacts do not peter out before yielding benefits.

Our experience also has implications for other socially focused interventions run without sufficient organisational support. Having observed how valuable people with psychosis find social contact and friendships with peers, and given the likely impact on both clinical and service outcomes, we hope others will learn from our mistakes and examine the impact of befriending in EIP settings.

**Conflict of Interest**

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research reported.

**References**

Birchwood, M., Smith, J. O., Cochrane, R., Wetton, S., & Copestake, S. O. N. J. A. (1990). The social functioning scale the development and validation of a new scale of social adjustment for use in family intervention programmes with schizophrenic patients. *The British Journal of Psychiatry*, *157*(6), 853-859.

Burns, J. M., Durkin, L. A., & Nicholas, J. (2009). Mental health of young people in the United States: What role can the internet play in reducing stigma and promoting help seeking? *Journal of Adolescent Health, 45*(1), 95–97.

Degnan, A., Berry, K., Sweet, D., Abel, K., Crossley, N., & Edge, D. (2018). Social networks and symptomatic and functional outcomes in schizophrenia: a systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology*, *53*(9), 873-888.

Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J., & McGrath, G. C. (2000). CORE: clinical outcomes in routine evaluation. *Journal of Mental Health*, *9*(3), 247-255.

Gayer-Anderson, C., & Morgan, C. (2013). Social networks, support and early psychosis: a systematic review. *Epidemiology and Psychiatric Sciences*, *22*(2), 131.

Gottlieb, J. D., Romeo, K. H., Penn, D. L., Mueser, K. T., & Chiko, B. P. (2013). Web-based cognitive–behavioral therapy for auditory hallucinations in persons with psychosis: A pilot study. *Schizophrenia Research, 145,* 82–87. <https://doi.org/10.1016/j.schres.2013.01.002>.

Heins, M., Achterhof, R., Collip, D., Viechtbauer, W., Kirtley, O. J., Gunther, N., van Os, J., Feron, F. & Myin‐Germeys, I. (2019). Social functioning and subclinical psychosis in adolescence: a longitudinal general adolescent population study. *Acta Psychiatrica Scandinavica*, *140*(3), 275-282.

Jones, C., Hacker, D., Xia, J., Meaden, A., Irving, C. B., Zhao, S., Chen, J., & Shi, C. (2018). Cognitive behavioural therapy plus standard care versus standard care for people with schizophrenia. *Cochrane Database of Systematic Reviews, 12,* CD007964. DOI: 10.1002/14651858.CD007964.pub2.

Klug, G. (2005). Change in social networks due to psychoses. *Fortschritte der Neurologie-Psychiatrie*, *73*, S66.

Michail, M., & Birchwood, M. (2009). Social anxiety disorder in first-episode psychosis: incidence, phenomenology and relationship with paranoia. *The British Journal of Psychiatry*, *195*(3), 234-241.

Newman-Taylor, K., Garner, C., Vernon-Wilson, E., Paas, K. H., Herbert, L., & Au-Yeung, S. K. (2017). Psychometric evaluation of the hope, agency and opportunity (HAO); a brief measure of mental health recovery. *Journal of Mental Health*, *26*(6), 562-568.

NHS Health Research Authority (2014), *HRA Guidance: Payments and Incentives in Research* (v1.0). Retrieved from <https://www.hra.nhs.uk/media/documents/hra-guidance-payments-incentives-research.pdf>

NICE (2016) *Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance* (v1)*.* Retrieved from <https://www.nice.org.uk/guidance/cg178/resources/implementing-the-early-intervention-in-psychosis-access-and-waiting-time-standard-guidance-pdf-2487749725>

Norman, R. M., Malla, A. K., Manchanda, R., Harricharan, R., Takhar, J., & Northcott, S. (2005). Social support and three-year symptom and admission outcomes for first episode psychosis. *Schizophrenia Research, 80*(2-3), 227-234.

Priebe, S., Chevalier, A., Hamborg, T., Golden, E., King, M., & Pistrang, N. (2019). Effectiveness of a volunteer befriending programme for patients with schizophrenia: randomised controlled trial. *The British Journal of Psychiatry*, 1-7.

Russell, D., Peplau, L. A., & Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, *42*(3), 290-294.

Stafford, E., Hides, L., & Kavanagh, D. J. (2015). The acceptability, usability and short-term outcomes of Get Real: A web-based program for psychotic-like experiences (PLEs). *Internet Interventions, 2*(3), 266–271. <https://doi.org/10.1016/j.invent.2015.05.004>.

Turkington, D., Spencer, H., Lebert, L., & Dudley, R. (2017). Befriending: active placebo or effective psychotherapy? *The British Journal of Psychiatry, 211*(1), 5-6.

Wing, J. K., Beevor, A. S., Curtis, R. H., Park, S. G. B., Hadden, J., & Burns, A. (1998). Health of the nation outcome scales (HoNOS). *The British Journal of Psychiatry*, *172*(1), 11-18.

Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy (5th ed.).* New York, NY: Basic.

1. Southampton Early Intervention in Psychosis team, Southern Health NHS Foundation Trust, UK [↑](#footnote-ref-1)
2. Southampton Psychological Services, Southern Health NHS Foundation Trust, UK [↑](#footnote-ref-2)
3. University of Southampton, UK [↑](#footnote-ref-3)