

On the Brink of Disaster: Vulnerability and Mental Disorders

The constructs of At Risk Mental State (ARMS) and sub-threshold conditions are becoming increasingly important in psychiatry to describe mild, brief, or otherwise atypical syndromes that fail to meet the diagnostic criteria for mental disorders (Fusar-Poli *et al.* 2016 & 2013; Riecher-Rössler & Studerus 2017). Despite the attention that these notions have garnered, a precise and non-arbitrary characterization of *vulnerability* to psychopathology is still lacking. Yet, it would be crucial to flesh out such a notion for a number of reasons. For instance, a better understanding of what it means to be *at-risk* of developing a mental disorder may contribute to explain the critical transition from health to pathology. In this talk I shed some light on the notion of vulnerability by distinguishing three different ways of being at-risk of developing a mental disorder. Specifically, someone may be *psychologically* vulnerable because she exhibits an attenuated version of a full-blown syndrome (**type a**) or because her protective factors are weakening (**type b**). *Environmental* vulnerability (**type c**) may be rather measured by looking at differential exposure to stress, which often places disadvantaged populations at higher risk (Turner & Avison 2003; Turner & Lloyd 1999). By discussing some representative case studies, I outline a threshold model of mental disorders where the transition from normality to pathology occurs in different ways depending on the type of vulnerability involved. I then show that some patients cross the threshold by summation (i.e., increase of risk factors), while others do so by collapse (i.e., weakening of protective factors) or through a process of sensitization (i.e., chronic exposure to stressors). I conclude the talk by sketching some implications of this model for clinical practice, with a focus on prognosis and prevention.

References (abridged)

- Berg, A. O. *et al.* (2011). Perceived discrimination is associated with severity of positive and depression-anxiety symptoms in immigrants with psychosis: a cross-sectional study. *BioMedCentral psychiatry* 11(1):77.
- Cantor-Graae, E. & Selten, J. P. (2005a). Schizophrenia and migration: a meta-analysis and review. *American Journal of Psychiatry*, 162 (1): 12-24.
- Cantor-Graae, E. & Selten, J. P. (2005b). Social defeat: risk factor for schizophrenia? *The British Journal of Psychiatry* 187(2): 101-102.
- Fusar-Poli, P. *et al.* (2016). “Long-term validity of the At Risk Mental State (ARMS) for predicting psychotic and non-psychotic mental disorders” *European Psychiatry* 42: 49-54.
- Fusar-Poli, P. *et al.* (2013). “The psychosis high-risk state: a comprehensive state-of-the-art review” *JAMA Psychiatry* 70(1): 107-120.
- Riecher-Rössler, A., & Studerus, E. (2017). “Prediction of conversion to psychosis in individuals with an at-risk mental state: a brief update on recent developments” *Current Opinion in Psychiatry*. Online first.
- Turner, R. J., & Avison, W. R. (2003). “Status variations in stress exposure: Implications for the interpretation of research on race, socioeconomic status, and gender” *Journal of Health and Social Behavior*: 488-505.
- Turner, R. J., & Lloyd, D. A. (1999). “The stress process and the social distribution of depression” *Journal of Health and Social Behavior*: 374-404.