CONCLUSION
Conclusion

Prevention, early detection and intervention is a crucial aspect in management of psychotic illness. Studies indicate that 30% of individuals who are screened to be at risk transition to psychosis within a period of 2-3 years and although scarce in number, controlled trials of intervention at prodromal phase have shown positive results (Chakrabarti, 2017). The case for early detection and intervention thus stays strong. Despite the logistic and methodology based concerns, the present study has indicated a preliminary estimate of prevalence of prodromal symptomatology in school going adolescents. There is thus a need to develop tools with better specificity and cultural validity so that the number of false positives can be reduced to minimal. There also needs to be a more detailed procedure for screening with interviews and focus on the frequency, severity, and distress associated with the symptoms. Following such rigorous screening, follow ups will ensure that a complete picture of the symptoms, and their chances of transition to psychotic illness comes to be seen in our cultural context. Also, the findings needs to be carefully reported and disclosed that an individual is at risk for developing psychosis. Adequate information needs to be provided along with the possible treatment options especially non-pharmacological treatment options like cognitive behavioural therapy (George, Maheshwari, Chandran, Manohar, & Rao, 2017).

Thus, there is a tremendous need for research in this domain to be able to understand the various facets of prevention, early detection, intervention in Indian context so that the resources can be built and allocated in a justifiable manner for the same (Keshavan, Shrivastava, & Gangadhar, 2010).