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Treating unhelpful suspicious thoughts in teenagers

Submission date
30/01/2026

Recruitment status
Not yet recruiting

Registration date
19/03/2026

Overall study status
Ongoing

Last Edited
19/03/2026

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study sims
Paranoia, exaggerated fears that others intend to cause one harm, is common in adolescents. It has been found that 20-30% of school-attending adolescents reported weekly paranoid beliefs. Rates were significantly higher in adolescents seeking psychological support from Child and Adolescent Mental Health Services (CAMHS), with paranoia persisting or worsening, over 3-months, in 75% of cases. In a recent UK-wide adolescent sample, using a more psychometrically validated measure of paranoia, 27% reported clinically meaningful levels of paranoia.

Adolescents report that paranoia is distressing and negatively impacts their lives. It has a significant negative effect socially, personally, on education and prospectively on self-esteem and well-being. Paranoia is transdiagnostic, occurring alongside numerous mental health symptoms and is one of a small cluster of symptoms that pose a pluripotent risk for multiple future psychiatric disorders. Paranoia is a risk factor for persecutory delusions, the most common symptom of psychosis. Further, research shows that the severity of psychosis is greater when the onset is in adolescence. The annual costs of schizophrenia in England alone are £11.8 billion (National Institute for & Care, 2014) and have accounted for high adolescent inpatient admissions. Reducing CAMHS and Early Intervention referrals could generate substantial NHS savings.

To date, however, there are no treatments targeting paranoia before it reaches a delusional level. School-based NHS Educational Mental Health Practitioners (EMHPs) treat common mental health difficulties (not including paranoia), and NHS early intervention services target psychotic symptoms, including persecutory delusions, but only once the young person's symptoms meet prodromal/At Risk Mental State (ARMS) and First Episode Psychosis. A current systematic review (https://www.crd.york.ac.uk/PROSPERO/view/CRD42024589239) confirms that there are no early interventions specifically targeting paranoia in adolescents. The paucity of interventions specific to adolescents with paranoia and psychosis more broadly has been recognised by NICE Clinical Guideline CG155, recommending further research focusing on young people with early symptoms (National Institute for Health & Care Excellence, 2014).

Who can participate?
Young people aged 16-18 years at participating schools and/or colleges who experience elevated suspicious thoughts/paranoia.

What does the study involve?
Participants will be randomly allocated to either the TRUST treatment arm or the standard support arm. Those receiving the TRUST intervention will be offered up to six sessions of an integrated imagery and values-based brief psychological therapy.
Process Evaluation - Qualitative aspect of the study:
Participants who are randomised will be invited to take part in up to two qualitative interviews about their experience of the trial and therapy (for those in the therapy arm) at the end of the trial.

What are the possible benefits and risks of participating?
Possible benefits to participation may include feelings of satisfaction and achievement at being involved in trial research that leads to improved psychological therapies for young people living with elevated paranoia. Moreover, individuals receiving the TRUST therapy interventions may also experience improvement in their ability to cope with and manage symptoms of paranoia. This study does not involve any known physical risks or harm to participants or the researchers. However, talking about personal experiences and feelings may be difficult and can cause emotional upset. The protocol for assessing and reporting risks and the distress protocol for the current study will be followed in such cases.

Where is the study run from?
Pennine Care NHS Foundation Trust (UK)

When is the study starting and how long is it expected to run for?
March 2026 to December 2027.

Who is funding the study?
National Institute for Health and Care Research (NIHR) (UK).

Who is the main contact?
Dr Christopher Taylor (Co-Chief Investigator), chris.d.j.taylor@sheffield.ac.uk
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Additional identifiers

Central Portfolio Management System (CPMS)
64892

National Institute for Health and Care Research (NIHR)
208711

Integrated Research Application System (IRAS)
349714

Study information

Scientific Title
Treating Unhelpful Suspicious Thoughts in teenagers (TRUST): A school-based feasibility randomised controlled clinical trial for adolescents with elevated paranoia

Acronym
TRUST

Study objectives

Aim: Assess the feasibility of conducting a school-based RCT on a brief psychological therapy versus standard support to reduce elevated paranoia in adolescents.
Primary Objectives:
1. To assess the number of adolescents who are eligible and consent to the trial
2. To investigate the level of engagement with and adherence to the therapy
3. To assess the retention of participants and data completion
4. To assess the safety of the intervention and of running the trial.

Ethics approval required
Ethics approval required

Ethics approval(s)
submitted 04/02/2026, Wales REC 06 (-, Swansea, -, United Kingdom; +44 02920 230 457/02922 944198; Wales.REC6@wales.nhs.uk), ref: 25/WA/0364

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Blinded (masking used)

Control
Active

Assignment
Parallel

Purpose
Treatment

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Paranoia

Interventions
This study is a multi-school, assessor-blind, parallel-group, feasibility randomised controlled trial (RCT) with a nested mixed-methods process evaluation. It will recruit n=40 participants. The trial will be hosted by secondary schools in England, ideally in Manchester (NW) and London (SW). The two arms for the trial are: a) usual support plus TRUST, the new therapeutic intervention that integrates imagery and values techniques and b) Usual Support, which includes any psychological support the young person uses during the trial period. Participants are assigned a 1:1 allocation ratio, with 50:50 stratified across site (London and Manchester). Following the baseline visit, eligible and consenting participants will be randomised using a sealed envelope randomisation system.

TRUST: An imagery and values-based psychological intervention, consisting of six (45 to 60 minutes) sessions. TRUST is delivered by therapists and will be accompanied by a therapy workbook. The intervention will combine (A) value identification and value-based goal setting with B) imagery protocols to reduce the distress associated with negative images of harm from others and to build value-consistent imagery to support valued action. Usual support can also be accessed.

Control: Usual support will include all support that the young person accesses, inside and outside of school, during the study period.

Intervention Type
Other

Primary outcome(s)
1. Paranoia measured using the Revised Paranoid Thoughts Scale, Part B at baseline, 10 and 18 weeks post-randomisation

2. Well-being measured using the Work and Social Adjustment Scale for Youth at baseline, 10 and 18 weeks post-randomisation

3. Core beliefs measured using the Brief Core Schema Scales at baseline, 10 and 18 weeks post-randomisation

4. Negative imagery measured using the Negative Mental Imagery Scale at baseline, 10 and 18 weeks post-randomisation

5. Values measured using the Values subscale of Comprehensive Assessment of Acceptance and Commitment Therapy Processes-Youth at baseline, 10 and 18 weeks post-randomisation

6. Mood measured using the Mood and Feelings Questionnaire at baseline, 10 and 18 weeks post-randomisation

7. Health-related quality of Life measured using the EuroQol EQ-5D-5L and Recovering Quality of Life (ReQoL-10) questionnaires at baseline, 10 and 18 weeks post-randomisation

Key secondary outcome(s))

Completion date
31/12/2027

Eligibility

Key inclusion criteria
Selection of schools
A school will be included if:
1. It is a mainstream school located in London, Greater Manchester, or the surrounding areas in the South and North of England.
2. They are able to provide a named link person for risk and safeguarding liaison within the school, and a room for therapy sessions

Inclusion criteria:
1. Aged 16 to 18 years
2. Attends a school /college or sixth form/recruiting to TRUST.
3. Able to provide written informed consent.
4. Able to engage in psychological assessments and the intervention
5. At least moderately severe paranoid beliefs, scoring of 11+ on the R-GPTS Ideas of Persecution subscale, indicating at least moderately elevated paranoia (Freeman et al., 2019).
6. Young person would like support to reduce paranoid fears.

Qualitative study: Adolescents participating in the trial will be invited to consent to a qualitative interview at the point of consenting to the trial itself. This increases the chances that we will have consent from those completing therapy as well as those who drop out.

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
16 years

Upper age limit
18 years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Primary alcohol/substance dependence issue at initial assessment (primary dependence to be treated elsewhere first and adolescents can be re-referred to participate). Issues will be initially probed using the AUDIT and the DAST and further assessed, if indicated, via assessment questioning.
2. Developmental learning disability or significant head injury, neurological disorder or epilepsy. This will be stated in the participant information sheet and the participant will be asked at first assessment whether they have been given a diagnosis and by whom.
3. Moderate to high levels of risk, assessed at initial interview (see below).
4. Current diagnosis of bipolar disorder, post-traumatic stress disorder (PTSD) or psychosis and /or current or previous receipt of antipsychotic medication for more than 2 days (which would suggest already having made a transition to a first episode of psychosis). This will be stated in the participant information sheet and the participant will be asked at first assessment whether they have been given a diagnosis and by whom.
5. Other significant conditions or factors that contraindicate the young person's participation in the trial. These will be assessed by asking the adolescent at the screening assessment. Responses will be carefully recorded and reported in the CONSORT, to further operationalise them in a future trial.

Date of first enrolment

23/03/2026

Date of final enrolment
31/01/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Pennine Care NHS Foundation Trust
225 Old Street
Ashton-under-lyne
England
OL6 7SR

Study participating centre
Central and North West London NHS Foundation Trust
Trust Headquarters
350 Euston Road
Regents PLACE
London
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NW1 3AX

Sponsor information

Organisation
Pennine Care NHS Foundation Trust

ROR
https://ror.org/03t59pc95

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
At the discretion of the Co-Chief Investigators (chris.d.j.taylor@sheffield.ac.uk and jessica.kingston@rhul.ac.uk) and team, anonymised data will be made available upon reasonable request, which must include a protocol and statistical analysis plan and not be in conflict with the research team's planned publication strategy, and after we have completed our publication strategy, consistent with our data sharing policy.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Other publications		11/09/2024	19/03/2026	Yes	No