

<p><b>Institution: Lancaster University</b></p>
<p><b>Unit of Assessment: 3 Allied Health Professions, Dentistry, Nursing and Pharmacy</b></p>
<p><b>Title of case study:</b> Increasing the profile and availability of effective psychological therapy for bipolar disorder</p>
<p><b>1. Summary of the impact</b> (96 words)  Lancaster research has changed the understanding and treatment of bipolar disorder (BD) from biological models and pharmacological treatments to integrated psychosocial interventions complementary to routine medication and matched to user needs. We have developed novel psychological interventions (individual, family and group approaches), and reliable and valid ways to assess valued outcomes and underlying mechanisms of change. This research has delivered 3 major impacts. It has: fundamentally changed understanding of the condition in professional and lay audiences; changed treatment in terms of policy and practice, including NICE clinical guidelines; changed professional training delivered both nationally and internationally.</p>
<p><b>2. Underpinning research</b> (469 words)  Building on our previous work in this area, the specific research that underpins our impact has all been published in high quality international peer reviewed journals since the formation of the Spectrum Centre at Lancaster University in 2008. The work is led by Steve Jones (Professor of Clinical Psychology from Feb 2008), and Fiona Lobban (Senior Lecturer in Clinical Psychology from Feb 2008), with contributions from all the Spectrum team which includes people with lived experience of bipolar disorder.</p> <p>This research includes the development and evaluation of a range of psychological interventions for people with bipolar experiences. This has required the creation of new measures of underlying psychological processes and relevant outcomes, including a measure of awareness of Early Warning Signs of depression and mania, which can be used to improve relapse prevention (3.1), and a questionnaire to assess personal experiences of recovery, which service users have identified as a highly valued outcome from clinical care (3.2). Our work on psychological interventions includes the development and evaluation of:</p> <p><b>1. Individual and family interventions</b> – We have developed and evaluated various interventions combining psychoeducation and cognitive behavioural therapy (CBT) that have been trialled in real world NHS settings to ensure ecological validity. Interventions have been specifically designed to reduce risk of relapse with trained front line Care Coordinators (3.3), to improve personal recovery outcomes with specialist psychologist therapists (3.4, 3.7), and to reduce relatives’ distress by deploying supported self-management toolkits (3.5, 3.8). In recognition of the continuing problems of access to face to face therapy, we have also developed online packages to offer these approaches more widely (3.9, 3.10). Outcome data, which already indicates significant improvements in a range of outcome measures when compared to current treatment, has been provided to NICE to inform the revision of the NICE Guidelines for Bipolar Disorder (3.3, 3.4, 3.12) and Psychosis (3.5, 3.8).</p> <p><b>2. Group interventions</b> – we have demonstrated the feasibility and effective implementation of adapted psychoeducation and peer support group interventions for UK NHS service users and are currently collecting follow-up outcome data over 2 years on the largest international trial of face to face psychological interventions for people with BD (3.6). In advance of follow-up data Nottingham and Leicester NHS Trusts have already announced plans to adopt the group psychoeducation approach in response to service user demand. This trial is part of the PARADES programme which is the first NIHR programme grant dedicated to psychological understanding of bipolar disorder (3.11). Both interventions are 21 weekly sessions of groups co-facilitated by health professionals and service users. Psychoeducation follows a structured manual and aims to provide participants with comprehensive information about Bipolar Disorder and an in depth understanding of how this</p>

relates to their individual experiences. Peer support is unstructured and allows the participants to determine the agenda and focus of the group, highlighting value of shared experience.

### 3. References to the research

The highly rigorous, original and significant nature of our applied clinical research is reflected in our success in obtaining large-scale competitive grants totalling over £4.8 million since 2008, including programme funding from the National Institute for Health Research. All references are published in high quality international peer reviewed journals and significantly contribute to the research basis for psychological models and treatments of Bipolar Disorder.

#### References:

- 3.1 Lobban, F., Solis-Trapala, I., Symes, W., Morriss, R & ERP Group (2011). Early Warning Signs Checklists for Bipolar Depression and Mania: utility, reliability and validity. *Journal of Affective Disorders* 133, 413-422. (DOI:10.1016/j.jad.2011.04.026 submitted in REF2)
- 3.2 Jones, S., Mulligan, L., Higginson S., Dunn, G. & Morrison, A. P (2012). The Bipolar Recovery Questionnaire: Psychometric Properties of a Quantitative Measure of Recovery Experiences in Bipolar Disorder. *Journal of Affective Disorders* 147, 34-43. (DOI: 10.1016/j.jad.2012.10.003 submitted in REF2)
- 3.3 Lobban, F., Taylor, L., Chandler, C., Tyler, E., Kinderman, P., Kolamunnage-Dona, R., Gamble, C., & Pontin, E., Peters, S., & Sellwood, W., Morriss, R.M (2010). Enhanced relapse prevention for bipolar disorder by community mental health teams: cluster feasibility randomized trial. *British Journal of Psychiatry*, 196, 59-63. (DOI: 10.1192/bjp.bp.109 submitted in REF2)
- 3.4 Jones, S., Mulligan, L., Law, H., Dunn, G., Welford, M., Smith, G. & Morrison, A. (2012). A randomised controlled trial of recovery focussed CBT for individuals with early bipolar disorder. *BMC Psychiatry* 12, 204. (DOI: 10.1186/1471-244X-12-204)
- 3.5 Lobban, F., Glentworth, D., Chapman, L., Wainwright, L., Postlethwaite, A., Dunn, G., Pinfold, V., Larkin, W., Haddock, G., (2013). Feasibility of a supported self-management intervention for relatives of people with recent onset psychosis: REACT study. *British Journal of Psychiatry*, 203, 366-372. (DOI: 10.1192/bjp.bp.112.113613 submitted in REF2)
- 3.6 Morriss, R.K., Lobban, F., Jones, S., Riste, L., Peters, S., Roberts, C., Davies, L., Mayes, D. (2011) Pragmatic randomised controlled trial of group psychoeducation versus group support in the maintenance of bipolar disorder. *BMC Psychiatry* 11, 114. (DOI: 10.1186/1471-244X-11-114)

#### Major grants supporting the research:

- 3.7 Morrison, A, Jones, S. et al. (2007-2013). Psychological approaches to understanding and promoting recovery from psychosis (RECOVERY). (Bipolar stream 2008-2013). National Institute for Health Research Programme Grant. (£1,950 000). (RP-PG-0606-1086).
- 3.8 Lobban, F., Glentworth, D., Pinfold, V., Minns, V., Dunn, G., Larkin, W., Haddock, G. (2009-2012). An evaluation of the feasibility and effectiveness of a supported self management package for relatives of people with recent onset psychosis. NIHR research for patient benefit. (£249,696) (PB-PG-0807-14075).
- 3.9 Jones, S., Lobban, F., Mayes, D., Calam, R, Parker, R & Sanders, M. (2012-2014) Web-based Integrated Bipolar Parenting Intervention for Bipolar Parents of Young Children Medical Research Council (£380,000) (MR/J011886/1).
- 3.10 Lobban, F., Jones, S., Dodd, A., Diggie, P., Morriss, R., Mallinson, S., Stevenson-Turner, K., (2012 –2015). Pilot Study to Assess the Feasibility of a Web-based Intervention for Prevention of Relapse in Bipolar Disorder NIHR Research for Patient Benefit (£250, 000) (PB-PG-0211-10001)
- 3.11 Jones, S (CI), Morriss, R., Lobban, F., et al. (2008-2013) Reducing relapse and suicide in bipolar disorder: Practical clinical approaches to identifying risk, reducing harm and engaging service users in planning and delivery of care (PARADES). National Institute for Health Research Programme Grant. (£1,997,000) (RP-PG-0407-10389).

**Impact case study (REF3b)**

3.12 Lobban, F. & Jones, S. (2009- 2012). Web-based self-management intervention for people with bipolar spectrum disorders. (£60,000) Mersey Care NHS Trust R&D)

**4. Details of the impact (758 words)**

We provide evidence that the research as cited in s2 and s3 has delivered 3 major impacts. It has: fundamentally changed understanding of Bipolar Disorder in professional and lay audiences; changed treatment in terms of policy and practice, including NICE clinical guidelines; and changed professional training delivered both nationally and internationally.

**Impact 1 – Changing Understanding**

Our research-based model of a psychological approach to bipolar disorder is summarised in a key document commissioned by the British Psychological Society called “Understanding Bipolar Disorder: Why some people experience extreme mood states and what can help” (5.1). This document was written for a general audience, has been widely accessed (downloaded 4793 times; as of 30/7/2013), has been very positively reviewed by the national service user Bipolar organisation (5.2), and been celebrity endorsed (described on twitter as “fascinating” by Stephen Fry 06/09/2011).

We have further influenced the psychological understanding of Bipolar Disorder in the general public in the following ways:

- i. Maintaining a confidential database of people with bipolar experiences interested in our research (Spectrum Connect, 516 members) with regular research updates, and including a full day conference for Spectrum Connect members (50 participants 19/09/2012).
- ii. A series of debate-changing media events which have reached large audiences, including Radio 4, the Guardian and Radio Lancashire (5.3).
- iii. Disseminating our clinical research findings through our website [www.spectrumcentre.org](http://www.spectrumcentre.org) (28,506 page views in 12 months to 31/07/13) social media including twitter (@SpectrumCentre – 835 followers), and Facebook (<https://www.facebook.com/thespectrumcentre> - 211 members).

**Impact 2 – Changing Treatment (policy and practice)**

We have developed and evaluated a range of psychological interventions, aiming to ensure people have choice depending on needs and preferences. We have conducted 6 trials of psychological therapies for people with BD since 2008, including individual face to face treatment, online self-management packages, and group therapy programmes. Some 700 people have been recruited, of whom over 500 have received a psychological treatment as a direct result of the trials (as of 25/07/2013) via the Recovery Programme and PARADES Programme (3.3-3.6, 5.4, 5.5). The popularity of the group psychoeducation approach (3.6) in our PARADES programme among service users and clinicians has led to Nottinghamshire Healthcare NHS Trust including this in their plan for mainstream clinical care (5.6). All our work is carried out with extensive user involvement to ensure it is acceptable, user friendly and targets their valued outcomes. Our PARADES programme was shortlisted for (and came second) in the MHRN national service user involvement awards (2010) and both our PARADES psychoeducation trials and our Recovery trial are referred to by MHRN as good practice case studies (2011; 5.7).

Jones currently sits on the expert panel writing the revised NICE guideline (5.8; publication due 2014) and Lobban represents the British Association of Behavioural and Cognitive Psychotherapy (BABCP) providing expert input to the NICE guideline process (5.9). Research we have completed at Spectrum, specifically around relapse prevention (3.3), recovery focused CBT (3.4) and web-based support (3.12) is being reviewed and will determine clinical recommendations. Our work in reducing carer's distress has been included in the recent draft NICE Guideline for Psychosis (<http://bit.ly/1gtOjLG>).

**Impact 3 – Changing Professional Training**

Even when treatments are recommended by NICE, there is a national problem of access. People with mental health problems on average wait up to 2 years for talking therapies. The IAPT programme aims to improve access and now includes bipolar disorder in recognition of the even greater delay for this population. As a direct result of our research, individual CBT (3.4), relapse prevention (3.3) and group psychoeducation (3.6), are now all recommended for people with Bipolar Disorder and are part of core competencies for NHS staff delivering psychological therapies to those with bipolar disorder (5.10, 5.11). Spectrum was selected by the IAPT programme to work in collaboration with Birmingham and Solihull Trust as the only UK demonstration site for development of IAPT services for Bipolar Disorder (Nov 2012 – Nov 2014). This good practice demonstration site specifically cites the research of our team (5.12).

Based on our research (3.3-3.6) and in addition to the IAPT programme we have been invited to give a series of national and international training events training approximately 1040 clinicians across 16 clinical workshops in the US, Norway and UK to deliver psychological interventions (5.13). Directly within the research trials we have trained 87 clinical staff in the delivery of individual face to face therapies. The PARADES Group trial has trained 10 health professional group facilitators and 9 service user facilitators for Nottinghamshire Healthcare NHS Trust. Thus we have impacted on the clinical practice of a significant number of practitioners.

**5. Sources to corroborate the impact**

5.1 ([www.bps.org.uk/news/download-free-report-bipolar-disorder](http://www.bps.org.uk/news/download-free-report-bipolar-disorder)). Download figures available from BPS shop ([www.bpsshop.org.uk](http://www.bpsshop.org.uk))

5.2 Pendulum. Bipolar UK publication. Winter 2010 pg 4. Copy available from [www.lancaster.ac.uk/fhm/research/spectrum/resources](http://www.lancaster.ac.uk/fhm/research/spectrum/resources)

5.3 Media events all available from [www.lancaster.ac.uk/fhm/research/spectrum/resources](http://www.lancaster.ac.uk/fhm/research/spectrum/resources):

i) Podcast of Radio 4 Woman's Hour debate about psychology of parenting issues in Bipolar Disorder (Jones and Long 28/01/2013)

(> 2.5 million listeners [http://www.rajar.co.uk/listening/quarterly\\_listening.php](http://www.rajar.co.uk/listening/quarterly_listening.php))

ii) The Guardian newspaper (education section) "Double sided perspective: users of mental health services are increasingly being recruited as academic researchers" (Mayes 26.08.2009)

(> 1 million readers; <http://www.mediauk.com/newspapers/13698/the-guardian/readership-figures>)

iii) Podcast of BBC Radio Lancashire (drive time programme hosted by Graham Liver) Early interventions for Bipolar Disorder (Jones 18/12/2012)

(193,000 listeners [http://www.rajar.co.uk/listening/quarterly\\_listening.php](http://www.rajar.co.uk/listening/quarterly_listening.php))

5.4 PARADES Bipolar Research Programme Manager, Manchester Mental Health and Social Care Trust

5.5 Research Co-ordinator, Greater Manchester West Mental Health NHS Foundation Trust

5.6 Consultant, Nottinghamshire Healthcare NHS Trust

5.7 <http://www.mhrn.info/pages/involving-service-users-in-mhrn-supported-research-case-studies-.html>

5.8 <http://guidance.nice.org.uk/cg/waveR/114> lists Jones as member Guideline Committee group

5.9 Former President of BABCP

5.10 [www.ucl.ac.uk/clinical-psychology//CORE/competence\\_mentalillness\\_psychosisandbipolar.html](http://www.ucl.ac.uk/clinical-psychology//CORE/competence_mentalillness_psychosisandbipolar.html).

5.11 Delivery & Finance Lead, National IAPT Operations, Department of Health

5.12 IAPT SMI project and Demonstration Site (<http://www.iapt.nhs.uk/smi-/>)

5.13 website [www.spectrumcentre.org](http://www.spectrumcentre.org)