

6.5 Bipolar Disorder

Bipolar disorder is a condition in which a person's mood and activity levels are significantly disturbed. People with this condition experience episodes of feeling very low (depression) and episodes of feeling very high (hypomania, or in more severe cases mania). The pattern of remissions and relapses is extremely variable. Recovery may or may not be complete between episodes. A diagnosis of bipolar disorder is made after two episodes (one of which must be a manic or hypomanic episode) have been identified.

Bipolar disorder is a relatively common condition with around one person in a hundred (1%) being diagnosed with the condition.

Bipolar disorder can occur at any age although it most often develops in people between 18 – 24 years of age. Both men and women and people from all backgrounds can develop bipolar disorder.

The pattern of mood swings in bipolar disorder varies widely between individuals. For example some people will only have a couple of bipolar episodes in their lifetime and will be stable in between, while others may experience many episodes¹².

¹² NHS UK website (accessed March 2010)

Overarching Standard 37: Bipolar disorder – assessment, early intervention, treatment and ongoing care

A person with suspected, newly diagnosed or established bi-polar disorder should have an assessment (including an assessment of risk), early intervention, treatment and ongoing care in line with NICE guidelines.

Rationale

Bipolar disorder is a lifelong relapsing condition. A timely assessment and diagnosis is required in order to prepare a shared care plan that will promote recovery and prevent relapse. Many people with bipolar disorder do not require routine reviews by specialist mental health services. The shared care plan will help reduce unnecessary review appointments whilst ensuring quick access to specialist services when required.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2006) Bipolar Disorder: The management of bipolar disorder in adults, children and adolescents, in primary and secondary care <http://guidance.nice.org.uk/CG38>

British Medical Association (BMA) (2006) Child and Adolescent Mental Health – A guide for healthcare professionals
http://www.bma.org.uk/images/ChildAdolescentMentalHealth_tcm41-20748.pdf

Gutman et al (2009) Supported Education for Adults With Psychiatric Disabilities: Effectiveness of an Occupational Therapy Program, *American Journal of Occupational Therapy*, May/June 2009, 63:3, pp 245-254

Responsibility for delivery/implementation

HSC Trusts
Primary Care

Quality Dimensions

Person Centred – People and what is important to them, their family and friends are central to the assessment and early intervention/treatment process. The agreed care plan should be designed, implemented and reviewed in regard to what is working and what is not working from the perspective of the person, their family, carers and other professionals and changes negotiated on the basis of this.

Timely – Early assessment and treatment ensures better outcomes

Equitable – Specialist services available throughout NI

Effective/Efficient – Appropriate assessment and early intervention or onward referral to specialist mental health services improves recovery

Safe – Have any early assessment of their psychological, physical and clinical needs including a risk assessment by mental health specialist(s) using a standardised outcome measurement tool which minimises risk to self and others.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Agree and implement standardised outcome measurement tool	HSC Trust report	All HSC Trusts	March 2013
Percentage of people being treated where outcomes measurement shows improvement after 12 months	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2014
Percentage of people being offered a choice of medications and psychological interventions	Audit of care plans Trust user and carer forums Patient Client Council	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of people receiving psychological and social interventions	Audit of care plans Trust user and carer forums Patient Client Council	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of young people who receive education and/or whose inpatient treatment involves the potential (depending on health) for at least 25% of their week (Monday – Friday) in educational activities	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2013