

Institution: Lancaster University

Unit of Assessment: 3, Allied Health Professions, Dentistry, Nursing and Pharmacy Title of case study: Improving the lives of people affected by bipolar disorder through improved access to psychological therapies and better understanding of bipolar experiences Period when the underpinning research was undertaken: 2010 - 2018

Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Steven Jones	Professor	2008- present
Fiona Lobban	Professor	2008- present
Jasper Palmier-Claus	Senior Lecturer	2019- present
Elizabeth Tyler	Lecturer	2017- present
Heather Robinson	Lecturer	2017- present
Guillermo Perez-Algorta	Lecturer	2014- present
Naomi Fisher	Lecturer	2016-2020
Chris Lodge	Service User Researcher	2017- present
Period when the claimed i	mpact occurred: 2013 - 2020	· · ·

Is this case study continued from a case study submitted in 2014? N

1. Summary of the impact

Spectrum Centre research, led by Jones and Lobban, has improved access to novel and effective psychological therapies for over 1 million people in the UK living with bipolar disorder. The research underpinned the National Institute for Health and Care Excellence (NICE) guidelines on managing bipolar and psychosis and provided evidence-based psychological therapies that are now actively used to improve personal recovery in bipolar disorder across England. The work of the centre has changed the way clinicians understand and treat bipolar disorder, whilst also providing resources for a better public understanding of bipolar experiences. This comprehensive approach to bipolar disorder treatment has also contributed to clinical practice guidance and service delivery across Germany, Greece, Norway, Canada, Australia and New Zealand.

2. Underpinning research

The Spectrum Centre at Lancaster University is a leading academic centre that focuses on psychological care for people with bipolar related conditions, and their families. Bipolar disorder can severely affect the health, interpersonal relationships, and functioning of individuals over the lifespan. Traditional approaches to bipolar have been led by pharmacological interventions. However, Spectrum research has demonstrated the importance of taking a psychological perspective to improve mental health outcomes for people with bipolar disorder and their relatives.

Psychological therapies are often resource and time-intensive and can be difficult to access through mainstream NHS services. Therefore, Spectrum research has designed and evaluated interventions that can be flexibly offered across a range of settings. A randomised controlled trial (RCT; <u>ISRCTN: 41352631</u>) in collaboration with Liverpool University led by Lobban demonstrated that brief, individual psychological therapies to prevent relapse can be delivered by community mental health team staff (Care Coordinators) who already have routine contact with people with bipolar disorder, and that these are a feasible way of improving clinical outcomes [R1]. Research investigating support for carers of people with bipolar and psychosis, including RCT: <u>ISRCTN: 69299093</u> conducted between 2009 and 2012, also developed and tested the Relatives Education and Coping Toolkit (REACT), which can reduce distress and improve coping in families of people with psychotic experiences [R2].

Spectrum research addressed the need to develop psychological interventions that can be delivered in different formats, including group and digital approaches. In collaboration with Nottingham University Jones and Lobban conducted a definitive RCT (<u>ISRCTN: 62761948</u>) between 2009 and 2013 that showed it is possible to deliver both group psychoeducation and group peer support for bipolar, with evidence that the group psychoeducation is more

Impact case study (REF3)



effective in reducing relapse in individuals with fewer previous mood episodes ([R4]; [G2]). Jones, Tyler and Lobban also evaluated a cognitive therapy-informed group intervention (*Mood on Track*), as part of the Department of Health and Social Care's Improving Access to Psychological Therapies (IAPT) programme, which indicated benefits in personal recovery quality of life, and reduced service use [R5]. Spectrum Centre researchers pioneered research in developing and evaluating digital interventions that aim to reduce relapse in individuals with bipolar; [G3] support parenting to improve outcomes for both parents with bipolar and their children; [G4] and provide education and emotional support to families of people with bipolar and related conditions ([R6]; [G5]). To support the uptake and use of digital interventions in the NHS, Spectrum investigated the key factors impacting on implementation, and recommended ways to address these [R7].

Service user engagement is central to Spectrum research, including Lodge as a substantive member of the Spectrum team, who coordinates Spectrum Connect, a Patient and Public Involvement group. Using this unique set-up, the Spectrum team in collaboration with colleagues at University of Manchester, developed a novel psychological therapy, *Recovery-focused Cognitive Behavioural Therapy*, which demonstrated enhanced *personal recovery* in an RCT (<u>ISRCTN: 43062149</u>; conducted between 2010 and 2013 [R3]: Chapter 7; [G1]). Personal recovery goes beyond clinical recovery to encompass the subjective sense of living well alongside mental health experiences. This pioneering research demonstrated that personal recovery is the primary concern of people with bipolar disorder, identified its critical, defining features, and developed a psychometrically sound, self-report measure of personal recovery, the *Bipolar Recovery Questionnaire*, for clinical and research use ([R3], [G1]).

3. References to the research

- [R1] Lobban, F., ..., Tyler, E., ..., Morriss, R.M. (2010). Enhanced relapse prevention for bipolar disorder by community mental health teams: cluster feasibility randomized trial. *British Journal of Psychiatry*, 196(1), 59-63 <u>https://doi.org/10.1192/bjp.bp.109.065524</u> (71 citations Google scholar)
- [R2] Lobban, F.,, 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 (5), 366-720 <u>https://doi.org/10.1192/bjp.bp.112.113613</u> (47 citations Google scholar, Altmetric score: 29)
- [R3] Morrison, A., ..., Jones, S.H., ..., Dunn, G. (2016). Psychological approaches to understanding and promoting recovery in psychosis and bipolar disorder: a mixedmethods approach. *Programme Grants for Applied Research*, 4(5), 1-304 <u>https://doi.org/10.3310/pgfar04050</u>. Peer-reviewed monograph published by NIHR providing a comprehensive report of a 5-year programme of research. (11 citations Google scholar, Altmetric score: 8)
- [R4] Jones, S.H., Lobban, F., ..., Ntais, D. (2018). 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—the PARADES (Psychoeducation, Anxiety, Relapse, Advance Directive Evaluation and Suicidality) programme. *Programme Grants for Applied Research*, 6(6), 1-296 https://doi.org/10.3310/pgfar06060. Peer-reviewed paper published by NIHR providing a comprehensive report of a 5-year research programme. (7 citations Google scholar, Altmetric score: 10)
- [R5] Jones, S.H.,, Tyler, E., ..., Lobban, F. (2018). Improving access to psychological therapies (IAPT) for people with bipolar disorder: summary of outcomes from the IAPT demonstration site. *Behaviour Research and Therapy*, 111 (Dec), 27-35 https://doi.org/10.1016/j.brat.2018.09.006 (5 citations Google scholar, Altmetric score: 13)
- [R6] Lobban, F.,, Jones, S.H.,, Robinson, H.,, Williamson, P. (2020). Clinical effectiveness of a web-based peer-supported self-management intervention for relatives of people with psychosis or bipolar (REACT): online, observer-blind, randomised controlled superiority trial. *BMC Psychiatry*,20(1), 160 <u>https://doi.org/10.1186/s12888-020-02545-9</u> (Altmetric score: 35)
- [R7] **Lobban, F,**..., **Jones, S.H.**, ..., Walker A (2020). IMPlementation of An online Relatives' Toolkit for psychosis or bipolar (IMPART study): iterative multiple case study to



identify key factors impacting on staff uptake and use. *BMC Health Services Research*, 20(1), 219 <u>https://doi.org/10.1186/s12913-020-5002-4</u> (Altmetric score: 31)

Research Grants:

[G1]: 2007–2013; Morrison A, ..., **Jones S**, ..., Tarrier N. <u>Psychological approaches to</u> <u>understanding and promoting recovery from psychosis</u>. NIHR PGfAR, GBP2,087,663.00.

[G2]: 2008–2015; **Jones S** (PI), ..., **Lobban F**, ..., Proceddu K.. <u>Reducing relapse and</u> <u>suicide in bipolar disorder: Practical clinical approaches to identifying risk, reducing harm</u> <u>and engaging service users in planning and delivery of care</u> (PARADES Programme). NIHR PGfAR, GBP2,098,224.00

[G3]: 2012–2015; **Lobban F, Jones S**, ..., Stevenson-Turner K <u>Pilot Study to Assess the</u> <u>Feasibility of a Web-based Intervention for Prevention of Relapse in Bipolar Disorder</u>. NIHR RPB, GBP224,105.00.

[G4]: 2012–2015; **Jones S, Lobban F**, ..., Sanders M<u>. Web-based Integrated Bipolar</u> Parenting Intervention for Bipolar Parents of Young Children. MRC, GBP307,019

[G5]: 2015-2018 Lobban F, Jones S, ..., Murray E. <u>An online randomised controlled trial to</u> <u>evaluate the clinical and cost effectiveness of a peer supported self-management</u> <u>intervention for relatives of people with psychosis or bipolar disorder: Relatives Education</u> <u>And Coping Toolkit (REACT)</u>. NIHR HTA, GBP636,204.

4. Details of the impact

Spectrum's research has impacted on outcomes for people with bipolar disorder and their relatives, by: i) changing the way clinicians understand and treat bipolar disorder, and providing resources for a better public understanding of bipolar experiences; and ii) increasing access to psychological therapies in policy and in practice.

i) Changing the way clinicians understand and treat bipolar disorder, and providing resources for a better public understanding of bipolar experiences

Since 2013 Jones and Lobban have worked with NHS England to develop the Improving Access to Psychological Therapies (IAPT) national core competencies [S1] for treating bipolar disorder [R5]. IAPT has evolved to a national workforce training programme to deliver <u>psychological therapies for severe mental health problems</u>. In reference to Jones and Lobban's input into the development of these core competencies, the Lead Developer said, *"…their participation ensured that the relevant sections of the framework reflected the cutting-edge of the clinical field, and that its content was faithful to the complexities of the models underpinning therapeutic interventions…the framework has had considerable impact on UK policy in relation to bipolar disorder; there has been a marked increase in access to training in psychological interventions for people with bipolar disorder, and a concomitant*

increase in the number of clinicians who are able to deliver effective and safe clinical services" [S1]. Further research in partnership with NHS trusts and NHS England directly resulted in practice change, as attested to by the manager of Bipolar Services at Birmingham and Solihull NHS Foundation Trust (BSNHSFT), who said in October 2019 that the research has, "...been instrumental in influencing intervention and evaluation options for people with psychosis and bipolar disorder. Their work impacted on the IAPT-SMI programme which led to treatment recommendations, core competencies for therapists and training curriculum, all of which has been instrumental in changing practice and continue to do so" [S2].

Spectrum research has also formed the basis of Jones and Lobban's input since December 2018 into the National Psychological Therapies Expert Advisory Group on the Implementation of Psychological Therapies in severe mental illness, as part of continuing work with NHS England [S3]. Between 2014 and 2019, Jones and Lobban have also delivered Spectrum research-informed training [R1-R7] via face-to-face talks and workshops on psychological therapies to an estimated 620 clinicians across five countries (Netherlands, Germany, Canada, Norway, and the UK) [S4(a)].

Impact case study (REF3)



Based on Spectrum's track record of leading research in this area, Jones and Lobban were commissioned by the British Psychological Society to write the 2010 report '<u>Understanding Bipolar Disorder</u>' (downloaded 6,783 times since 2014 from the BPS site alone), to further address professional and public perceptions of bipolar disorder. The report is cited by UK national clinical guidance (NICE, 2014) [S5(a)] and has also informed international guidelines for Australia and New Zealand in 2015 [S6]. The CEO of Bipolar UK describes it as "*a seminal text that establishes the intellectual architecture for its use*" and the work as "*a powerful tool for people living with the condition*" [S7]. Due to its impact, Jones and Lobban have been commissioned to provide a full update of this report.

A particular strength of Spectrum's approach has been the co-design of research with service user researchers [R1-R7]. This approach has been well-received by the public through delivery of face-to-face presentations, online podcasts and webinars being accessed by a total of 9,712 (service users, carers, clinicians and members of the public around the world) between 2014 and 2020 of [S4(b,c)]. As a recent example, 1,777 individuals viewed <u>3 webinars</u> (first aired between April and December 2020) on living with bipolar during the COVID-19 pandemic [S4(b)].

ii) Increasing access to psychological therapies: in policy and in practice

Researchers at Spectrum have contributed substantially to national clinical practice guidelines that form the gold standard of how disorders are managed by clinicians. The NICE Guideline on the Assessment and Management of Bipolar Disorder in Adults, Children and Young People in Primary and Secondary Care (CG185) published in September 2014 highlights the importance of a psychological perspective to bipolar disorder, which represents a radical departure from the previously dominant medical model. It recommends that all people with bipolar disorder be offered psychological therapy, citing evidence from three of Spectrum's RCTs [S5(a) p.263]. NICE also highlighted the importance of promoting personal recovery in bipolar disorder [S5(a) p.50, 245, 263]. This was informed by Spectrum's research: recovery-focused therapy trial and BRQ [R3] now used to assess the personal recovery goals prioritised by NICE [p. 319, S5(a)]. The NICE Guideline for Psychosis and Schizophrenia in Adults (CG178) published in February 2014 was also informed by Spectrum research on the importance and effectiveness of psychoeducation of families and carers through the REACT toolkit [p. 68-70, S5(b)] and evaluation in practice [R2; p. 87-88, S5(b)), and recommends that carers (including for bipolar) be offered carerfocused psychoeducation and support [p. 101, S5(b)]. Both CG185 and CG178 have been used to inform broader national and international policy around care of people with mental health conditions. Furthermore, Spectrum research on preventing relapse [R1] has been adopted by the British Association for Psychopharmacology since 2016 [S5(c)]. This guidance is used in clinical practice throughout the UK. Spectrum research has also had wide international reach, influencing clinical practice guidelines and policy in 5 other countries (Australia [S6], New Zealand [S6], Germany [S8(a), S9], Canada [S8(b)], Greece [S8(c)]) that now recommend the use of psychological therapies in bipolar disorder treatment.

As a result of the prominence of Spectrum research, Spectrum staff members have undertaken active participation in working groups that help set national priorities for bipolar disorder. This includes: membership of the NICE bipolar guideline development group (between 2012 and 2014); the James Lind Alliance (between 2015 and 2016) and the leading mental health charity MQ (2015); and invited talks to policy makers at the Department of Health and Social Care on personal recovery (2019) and psychological therapies for severe mental health at the launch of the Mental Health Policy Research Unit (2018) [S10]. These activities have enabled the research to shape UK government policy, as attested to by a member of the Cabinet Office Open Innovation Team who stated: "your input...is having a positive influence on policy discussions". [S10].

To further increase accessibility and choice, Spectrum have developed and tested different psychological therapies [R2, R5, R6] that have directly led to new service provision. Jones and Lobban worked with NHS England to evaluate a national demonstration site for improved psychological care for bipolar between 2012 and 2016 [R5], based on the award

Impact case study (REF3)



winning Mood On Track group intervention (Mood on Track was developed by the NHS and updated by Birmingham and Solihull Trust between 2012 and 2016). This resulted in increased provision of Mood On Track across the demonstration site (BSNHSFT) and on-going national rollout from 2015 including Lancashire and South Cumbria, Cambridgeshire and Peterborough, and Oxleas NHS Foundation Trusts to date. The Manager of the Bipolar Service at the demonstration site confirmed in October 2019 that wider rollout of the programme, "has led to the development of a more robust clinical risk management strategy and one that clinicians within the service believe is safer and allows us to provide more individualised and sensitive care" [S2].

Spectrum have also addressed therapy delivered online for bipolar disorder [R6] <u>REACT</u>, a digital support toolkit, has been accessed by over 1,000 UK-based carers between June 2019 and May 2020. In the words of one participant, *"It [support] saved my life. I know that sounds melodramatic, but it saved my life; I feel as if it saved my sanity in a way"* [p.5., S11]. REACT has also been <u>adopted in Oslo</u> since 2015 and expanded in direct response to the challenges of delivering support to carers for people with bipolar and psychosis during the COVID-19 crisis [S12].

5. Sources to corroborate the impact

[S1] Testimonial from Lead developer of competence framework for implementing psychological interventions for people with psychosis, 2020.

[S2] Testimonial from manager of Bipolar Services at Birmingham and Solihull NHS Foundation Trust (BSNHSFT), 2019.

[S3] Email from Clinical Advisor to AMH Programme, NHS England/Improvement, 2021. [S4] Evidence of outreach activities: a) Summary data of professional training delivered, b) <u>Summary of Spectrum Centre's online media resources</u> and reach data c)Testimonial BABCP Workshop and Conference Organiser, 2020.

[S5] Evidence of impact on national clinical practice guidelines: a) NICE 2014, <u>Bipolar</u> Disorder: The assessment and management of bipolar disorder in adults, children and young people in primary and secondary care (NICE Guideline 185), b). NICE 2014

<u>Psychosis and schizophrenia in adults (NICE Guideline 178), c)</u> Goodwin, G., Haddad, P., Ferrier, I., Aronson, J., Barnes, T., Cipriani, A., ... Young, A. (2016). <u>Evidence-based</u> <u>guidelines for treating bipolar disorder: Revised third edition recommendations from the</u> <u>British Association for Psychopharmacology</u>. *Journal of Psychopharmacology*, 30(6), 495– 553.

[S6] Malhi, G. S., Bassett, D., Boyce, P., Bryant, R., Fitzgerald, P. B.,... & Porter, R. (2015). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. *Australian & New Zealand Journal of Psychiatry*, 49(12), 1087-1206. [S7] Testimonial from CEO at BipolarUK, 2020.

[S8] Evidence of influencing clinical practice guidelines internationally: a) Germany: <u>DGBS</u> <u>e.V. und DGPPN e.V.: S3-Leitlinie zur Diagnostik und Therapie Bipolarer Störungen.</u>

Langversion, 2019, b) Canada: Yatham, L. N., Kennedy, S. H., Parikh, S. V., Schaffer, A., Bond, D. J., Frey, B. N., ... & Alda, M. (2018). <u>Canadian Network for Mood and Anxiety</u> <u>Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) 2018</u>

guidelines for the management of patients with bipolar disorder. Bipolar disorders, 20(2), 97-170, c) Greece: (Υπουργείο Υγείας, Διεύθυνση Ψυχικής Υγείας (2014). Κλινικές κατευθυντήριες οδηγίες: Διπολική Συναισθηματική Διαταραχή. Θεραπευτικη Αντιμετώπιση της Διπολικής Διαταραχής.)

[S9] Testimonial from Ex-Chair of task force for German S3 treatment guideline, 2020. [S10] Testimonial from Open Innovation Team, Cabinet Office, 2020.

[S11] Lobban F, Akers N, Appelbe D, Iraci Capuccinello R, Chapman L, Collinge L, *et al.* (2020) <u>A web-based, peer-supported self-management intervention to reduce distress in</u> relatives of people with psychosis or bipolar disorder: the REACT RCT. Health Technol Assess, 24(32), p.5.

[S12] Evidence of impact in Norway: a). Testimonial from Head of Early Intervention in Psychosis Advisory Unit (Oslo University Hospital), 2020. b) <u>adaptation of REACT during</u> <u>COVID pandemic.</u>