

Putting NICE guidance into practice

Costing statement: Bipolar disorder

Implementing the NICE guideline on bipolar disorder (CG 185)

Published: September 2014

1 Introduction

- 1.1 This costing statement considers the resource implications of implementing the recommendations made in [Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care](#) (NICE clinical guideline 185).
- 1.2 A costing statement has been produced for the guideline because of variation in clinical practice across the country.
- 1.3 Therefore, we encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs locally. Some of the resource implications to be considered locally are discussed in this statement.
- 1.4 Implementing the guideline is unlikely to lead to short-term savings and benefits, but may support the efficient use of resources and lead to long-term savings and benefits.
- 1.5 Commissioners for bipolar disorder are largely clinical commissioning groups (CCGs). However, NHS England is the commissioner for services provided by general practice or for people who need high-security mental health facilities. NHS mental health organisations are the main providers of services, either through secondary care services or specialist mental health teams. Some services are provided by private sector organisations.
- 1.6 Services commissioned and provided by local authorities can have an impact on people with bipolar disorder. Services should therefore be considered in an integrated way across both health and social care.

2 Background

- 2.1 The guideline covers the recognition, assessment and management of bipolar disorder in children, young people and adults. The recommendations apply to people with bipolar I, bipolar II, mixed affective and rapid cycling disorders.

- 2.2 It has been estimated that bipolar disorder affects 2.4 million people in the UK. However, bipolar disorder is poorly recognised and difficult to diagnose, with misdiagnosis occurring on average 3.5 times before a correct diagnosis is made ([Equilibrium the Bipolar Foundation](#)).
- 2.3 Bipolar disorder has a considerable impact on a person's life, with a high lifetime suicide risk; the NICE [full guideline on bipolar disorder](#) states “approximately 17% of people with bipolar I disorder and 24% with bipolar II disorder attempt suicide during the course of their illness (Rihmer & Kiss, 2002). Around 8% of men and 5% of women with bipolar disorder died by suicide at 40-year follow-up (Angst et al., 2003; Nordentoft et al., 2011). Annually around 0.4% of people with bipolar disorder will die by suicide, which is much higher than the international population average of 0.017%.”
- 2.4 A recent study estimated the annual cost to the NHS of bipolar disorder, using a prevalence of 0.15%, to be £342 million (2009/10 prices) (Young et al. 2011).¹

3 Recommendations with potential resource impact

- 3.1 Resource implications associated with implementing this guideline need to be determined at a local level.

Costs

- 3.2 The guideline recommends psychological therapy for bipolar depression in adults, children and young people (recommendations 1.2.5, 1.6.1 and 1.11.11).
- 3.3 Access to psychological therapy varies from area to area; therefore, costs need to be estimated at a local level.
- 3.4 The [Improving access to psychological therapies for severe mental illness \(IAPT-SMI\)](#) project aims to increase public access to a range of

¹ Young AH, Rigney U, Shaw S, Emmas C, Thompson JM. Annual cost of managing bipolar disorder to the UK healthcare system. *Journal of Affective Disorders*. 2011;133:450-6.

NICE-approved psychological therapies for psychosis and bipolar disorder.

- 3.5 The [Better Care Fund](#), with a focus on commissioning for prevention, may also help to develop services in this area.
- 3.6 The reference cost of mental health care cluster's' initial assessment for psychological therapy is £270 ([NHS reference costs 2012 to 2013 – mental health care clusters initial assessment](#)) and a contact with a mental health specialist team for follow-up is estimated to cost around £100 ([NHS reference costs 2012 to 2013 – mental health other services – other mental health specialist teams, adult and elderly](#)). People with bipolar disorder and depression may require 16–20 sessions of therapy, producing a cost of between £1800 and £2200 per person.
- 3.7 Expert opinion suggests that most people with bipolar disorder are not currently receiving psychological therapy.
- 3.8 Commissioners and providers may need to work together to establish psychological therapy services for bipolar disorder, which may involve, for example:
- developing a workforce plan to increase the number of psychological therapists
 - providing training programmes that focus on bipolar disorder for existing psychological therapists
 - identifying funding streams to support investment in psychological therapists and training programmes
 - agreeing a timescale for developing these services.

Savings and benefits

- 3.9 Effective management of bipolar disorder by implementing this guidance may reduce hospital admissions for crisis interventions and the number of contacts with specialists in mental health teams. Mental healthcare clusters have an estimated cost of between £300 and £400 per day for

inpatient admissions ([NHS reference costs 2012 to 2013](#) – mental health care clusters).

- 3.10 Recommendation 1.7.1 emphasises the need to give clear, written information about bipolar disorder to people diagnosed with the condition. Expert opinion suggests that this is a key area of concern for service users. The cost of implementing this recommendation (stationery and printing costs) is not expected to be significant. However, the benefits of providing information about symptoms of bipolar disorder, side effects of medication and who to contact in a crisis can be considerable
- 3.11 A significant proportion of the cost of care for people with bipolar disorder is related to social effects, for example, unemployment and lost days of work through illness. Improvements in the diagnosis and treatment of bipolar disorder may lead to economic benefits and result in a reduction in social costs associated unemployment and sickness benefits.

4 Other considerations

- 4.1 There has been a change from the previous guideline (published in 2006) in the drugs recommended for bipolar depression. This is not anticipated to lead to a significant change in costs because the drugs are very similar in price. Organisations may wish to review at a local level whether there is any impact from a change in the cost of monitoring the effects of these drugs
- 4.2 Recommendation 1.2.12 details the physical health checks to be performed annually for people with bipolar disorder. The Quality and Outcomes Framework indicators for mental health can provide information in this area. Underlying achievement for these indicators is between 82% and 92%. Commissioners should be aware of local achievement of these in order to seek assurance that such checks are being done.

5 Conclusion

- 5.1 Implementation of this guidance is anticipated to require investment in psychological therapies at a local level. The size of the investment will depend on current local services.
- 5.2 Commissioners (largely CCGs) and providers (largely NHS mental health providers) should work together to establish such services.
- 5.3 Investment in this area may be available from:
- The [Improving access to psychological therapies for severe mental illness \(IAPT-SMI\)](#) project.
 - The [Better Care Fund](#) – commissioning for prevention.
- 5.4 To summarise, more effective management of bipolar disorder by implementing this guidance may lead to the following savings and benefits:
- avoidance of hospital admissions for crisis interventions
 - reduced number of contacts with specialist mental health teams
 - reduction in social care costs associated with unemployment and sickness benefits.

About this costing statement

This costing statement accompanies the clinical guideline: [Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care](#) (NICE clinical guideline 186).

Issue date: September 2014

This statement is written in the following context

This statement represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. It should be read in conjunction with the NICE guideline. The statement is an implementation tool and focuses on those areas that were considered to have potential impact on resource utilisation.

The cost and activity assessments in the statement are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

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