Bipolar disorder in adults

NICE quality standard

Draft for consultation

February 2015

Introduction

This quality standard covers recognition, assessment and management of bipolar disorder (including bipolar I, bipolar II, mixed affective and rapid cycling disorder) in adults (18 years and older) in primary and secondary care. For more information see the topic overview.

Bipolar disorder in children and young people will be covered in the quality standard on bipolar disorder, psychosis and schizophrenia in children and young people that is currently being developed.

Why this quality standard is needed

Bipolar disorder is a potentially lifelong and disabling condition characterised by episodes of mania (abnormally elevated mood or irritability and related symptoms with severe functional impairment or psychotic symptoms for 7 days or more) or hypomania (abnormally elevated mood or irritability and related symptoms with decreased or increased function for 4 days or more) alternating with episodes of depressed mood. It is often comorbid with other disorders such as anxiety disorders, substance misuse, personality disorders and attention deficit hyperactivity disorder.

The peak age of onset is 15–19 years, and there is often a substantial delay between onset and first contact with mental health services. Presentation to services is often initially with depression, ill-defined psychotic symptoms or an impulse control problem, so that bipolar disorder is only diagnosed some years after the initial presentation.

The lifetime prevalence of bipolar I disorder (mania and depression) is estimated at 1% of the adult population, and bipolar II disorder (hypomania and depression)

affects approximately 0.4% of adults. Bipolar disorder occurs approximately equally in both sexes. For some women, the experience of psychosis in the postnatal period may be the first indicator of bipolar illness and for women with an established illness; childbirth brings an increased risk of psychosis and represents a substantial clinical challenge.

There is evidence of an increased incidence and differences in the manner of presentation of bipolar disorder in people from black and minority ethnic groups.

Around 25% of people with bipolar disorder have never sought help from healthcare services. Those who seek help may not receive a correct diagnosis of bipolar disorder for at least 6 years from the first appearance of symptoms (Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care [2014]).

The quality standard is expected to contribute to improvements in the following outcomes:

- quality of life among people with severe mental illness
- quality of life for carers
- employment and vocational rates
- service user experience of mental health services
- suicide rate.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2015–16

- Adult Social Care Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–2016.

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Improvement areas*** **Reducing premature death in people with serious mental illness** 1.5 i Excess under 75 mortality rate in adults with serious mental illness*
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions** ***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition **Enhancing quality of life for carers** 2.4 Health-related quality of life for carers** **Enhancing quality of life for people with mental illness** 2.5 i Employment of people with mental illness*** *ii Health-related quality of life for people with mental illness* ***
3 Helping people to recover from episodes of ill health or following injury	***Improvement areas*** **Improving outcomes from planned treatments** 3.1 Total health gain as assessed by patients for elective procedures *i Psychological therapies* *ii Recover in quality of life for patients with mental illness*
4 Ensuring that people have a positive experience of care	***Overarching indicators*** **Ensuring that people have a positive experience of care** 4a Patient experience of primary care i GP services ii GP out-of-hour services 4b Patient experience of hospital care ***Improvement areas*** **Improving hospitals' responsiveness to personal needs** 4.2 Responsiveness to in-patients' personal needs **Improving experience of healthcare for people with mental illness** 4.7 Patient experience of community mental health services **Improving people's experience of integrated care** 4.9 People's experience of integrated care**

Alignment across the health and social care system
* Indicator shared with Public Health Outcomes Framework (PHOF)
** Indicator shared with Adult Social Care Outcomes Framework (ASCOF)
*** Indicator shared with PHOF and ASCOF
Indicators in italics are in development

Table 2 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	***Overarching measure***
	1A Social care-related quality of life**
	Outcome measures
	People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.
	1B Proportion of people who use services who have control over their daily life
	Carers can balance their caring roles and maintain their desired quality of life.
	1D Carer-reported quality of life**
	People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
	1F Proportion of adults in contact with secondary mental health services in paid employment**
	1H Proportion of adults in contact with secondary mental health services living independently, with or without support*
	1I Proportion of people who use services and their carers who reported that they had as much social contact as they would like*
2 Delaying and reducing the need for care and support	***Outcome measures***
	Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs
	Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services
	2D The outcomes of short term services: sequel to services

3 Ensuring that people have a positive experience of care and support	***Overarching measure*** **People who use social care services and their carers are satisfied with the experience of care and support services** 3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carers with social services 3E Improving people's experience of integrated care** ***Outcome measures*** **Carers feel that they are respected as equal partners throughout the care process** 3C The proportion of carers who report that they have been included or consulted in discussion about the person they care for **People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.** 3D Proportion of people who use services and carers who find it easy to find information about services
4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	***Overarching measure*** 4A Proportion of people who use services who feel safe** ***Outcome measures*** **Everyone enjoys physical safety and feels secure** **People are free from physical and emotional abuse, harassment, neglect and self-harm.** **People are protected as far as possible from avoidable harm, disease and injuries.** **People are supported to plan ahead, and have the freedom to manage risks the way that they wish.** 4B Proportion of people who use services who say that those services have made them feel safe and secure
Aligning across the health and care system * Indicator shared with Public Health Outcomes Framework ** Indicator shared with NHS Outcomes Framework	

Table 3 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	***Objective*** Improvements against wider factors which affect health and wellbeing and health inequalities ***Indicators*** 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation** 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services***
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities ***Indicators*** 4.9 Excess under 75 mortality rate in adults with serious mental illness* 4.10 Suicide rate
* Indicator shared with NHS Outcomes Framework (NHSOF) ** Indicator shared with Adult Social Care Outcomes Framework (ASCOF) ******* Indicator shared with ASCOF and NHSOF	

Service user experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to bipolar disorder in adults.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathways on patient experience in adult NHS services and service user experience in adult mental health services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to service users. Quality statements on these aspects of service user experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality

standards that impact on service user experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for bipolar disorder in adults specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole bipolar disorder care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults with bipolar disorder.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service for adults with bipolar disorder are listed in related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing, caring for and treating adults with bipolar disorder should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting adults with bipolar disorder. If appropriate, health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Adults presenting in primary care with depression are offered a referral for a specialist mental health assessment if they have experienced additional symptoms.

Statement 2. Adults with bipolar disorder have their social and emotional recovery goals included in a care plan that is reviewed at least annually.

Statement 3 Adults with bipolar disorder are offered psychological interventions specific for their disorder.

Statement 4 Adults with bipolar disorder prescribed lithium have their plasma lithium levels monitored regularly and maintained at 0.6 –0.8 mmol per litre.

Statement 5 Women of childbearing potential are not prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

Statement 6 Adults with bipolar disorder have a physical health assessment at least annually.

Statement 7 Adults with bipolar disorder who wish to find or return to work are offered supported employment programmes.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement, what do you think could be done to support improvement and help overcome barriers?

Questions about the individual quality statements

Question 4 For quality statement 1, are there a definite criteria or a recognised list of additional symptoms that should result in a referral for a specialist mental health assessment? Please provide a reference.

Question 5 Does statement 2 improve the quality of care for adults with bipolar disorder above and beyond that of a generic mental health care plan as included in statement 8 in Quality standard for service user experience in adult mental health which reads: People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it. Please explain your reasons

Question 6 For quality statement 2, is there a definition of social and emotional recovery goals that health and social care professionals use? Please provide a reference.

Quality statement 1: Referral for specialist mental health assessment

Quality statement

Adults presenting in primary care with depression are offered a referral for a specialist mental health assessment if they have experienced additional symptoms.

Rationale

Adults with bipolar disorder usually present in primary care with depression and the treatment they receive addresses the depression and not bipolar disorder. If adults with depression have also experienced overactivity or disinhibited behaviour that had lasted for 4 days or more, they should be referred for a specialist mental health assessment that would provide an accurate diagnosis and suitable treatment. The referral should be urgent if mania or severe depression is suspected or they are a danger to themselves or others.

Quality measures

Structure

Evidence of practice arrangements and written clinical protocols to ensure that adults presenting with depression are referred for a specialist mental health assessment if they have experienced additional symptoms.

Data source: Local data collection.

Process

a) Proportion of adults presenting in primary care with depression who are asked about their additional symptoms.

Numerator – the number in the denominator who are asked about their additional symptoms.

Denominator – the number of adults presenting in primary care with depression.

Data source: Local data collection.

b) Proportion of adults presenting in primary care with depression who have experienced additional symptoms who are referred for a specialist mental health assessment.

Numerator – the number in the denominator referred for a specialist mental health assessment.

Denominator – the number of adults presenting in primary care with depression who have experienced additional symptoms.

Data source: Local data collection.

Outcomes

a) Referral rates for specialist mental health assessment.

Data source: Local data collection***.***

b) Recognition of bipolar disorder within the community.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices, community health services and drug and alcohol misuse services) ensure that systems and protocols are in place for adults who present in primary care with depression to be asked about additional symptoms and referred for a specialist mental health assessment if needed.

Healthcare professionals ask adults who present in primary care with depression about additional symptoms. They follow local pathways and criteria for adults who need to be referred for a specialist mental health assessment.

Commissioners (such as clinical commissioning groups and NHS England local area teams) commission services that carry out specialist mental health assessments and ensure that local referral pathways are in place for adults who present in primary care with depression and have experienced additional symptoms to receive a specialist mental health assessment.

What the quality statement means for service users and carers

Adults who see their GP with depression are referred for a specialist mental health assessment if they have experienced symptoms other than depression that might be caused by a mental health problem in order to provide an accurate diagnosis and suitable treatment.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendation 1.2.1

Definitions of terms used in this quality statement

Referral for specialist mental health assessment

Adults with depression presenting in primary care should be considered for referral for specialist mental health assessment if overactivity or disinhibited behaviour has lasted for 4 days or more. They should be referred urgently for a specialist mental health assessment if mania or severe depression is suspected or they are a danger to themselves or others [Adapted from Bipolar disorder (NICE guideline CG185) recommendations 1.2.5 and 1.6.1]**.**

Equality and diversity considerations

Reasonable adjustments should be made in order to address that adults with bipolar disorder may not be registered with a GP and may not use primary care services.

Quality statement 2: Personalised care plan

Quality statement

Adults with bipolar disorder have their social and emotional recovery goals included in a care plan that is reviewed at least annually.

Rationale

Bipolar disorder is often a long-term, relapsing condition that involves self-management as well as engagement with a wide range of professionals, including primary and secondary healthcare professionals, carers and social workers. A personalised care plan can help to manage a person's bipolar disorder in a way that is suitable for and defined by them. Reviewing the care plan at least once a year ensures that the person's changing needs and circumstances are addressed.

Quality measures

Structure

Evidence of practice arrangements and written clinical protocols to ensure that care plans include the social and emotional recovery goals of adults with bipolar disorder are reviewed at least annually.

Data source: Local data collection.

Process

a) Proportion of adults with bipolar disorder who have a care plan.

Numerator – the number in the denominator who have a care plan.

Denominator – the number of adults with bipolar disorder.

Data source: Local data collection.

b) Proportion of adults with bipolar disorder who have a care plan that includes their social and emotional recovery goals.

Numerator – the number in the denominator who have a care plan that includes their social and emotional recovery goals.

Denominator – the number of adults with bipolar disorder who have a care plan.

Data source: Local data collection.

c) Proportion of adults with bipolar disorder who have their care plan reviewed annually.

Numerator – the number in the denominator who have their care plan reviewed annually.

Denominator – the number of adults with bipolar disorder who have a care plan.

Data source: Local data collection and Health and Social Care Information Centre Care programme Approach review data.

Outcomes

a) Adults with bipolar disorder who report that their care plan reflects their social and emotional recovery goals.

Data source: Local data collection

b) Adults with bipolar disorder who feel enabled to self-manage their condition.

Data source: Local data collection

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as secondary care services, GP practices and community mental health services) ensure that systems are in place for adults with bipolar disorder to have a care plan that includes their social and emotional recovery goals and is reviewed at least annually.

Healthcare professionals ensure that they collaborate with adults with bipolar disorder to develop a care plan that includes the person's social and emotional recovery goals and is reviewed at least annually.

Commissioners (such as clinical commissioning groups, NHS England local area teams and local authorities) commission services that ensure that adults with bipolar

disorder have a care plan that includes their individual social and emotional recovery goals and is reviewed at least annually.

What the quality statement means for service users and carers

Adults with bipolar disorder have a care plan that includes their own social and emotional recovery goals and is reviewed at least once a year to address any changing needs and circumstances.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendations 1.3.2, 1.3.4 and 1.9.4, and expert opinion.

Definitions of terms used in this quality statement

Individual social and emotional recovery goals

Recovery goals need to be defined by the individual within the care plan.

[Expert opinion]

Equality and diversity considerations

Some adults with bipolar disorder may find it difficult to express their needs and desires. They may also find it difficult to understand bipolar disorder and what options they have for living well with the condition. Healthcare professionals who develop care plans with adults who have bipolar disorder should ensure that they support these adults to understand the condition and the options available, using interpreters or advocates if needed.

Quality statement 3: Psychological interventions

Quality statement

Adults with bipolar disorder are offered psychological interventions specific for their disorder.

Rationale

Psychological interventions specifically developed for adults with bipolar disorder have shown to improve symptoms and prevent relapses and hospitalisation. These interventions should address the adult's particular presentation of bipolar disorder.

Quality measures

Structure

Evidence of practice arrangements and written clinical protocols to ensure that adults with bipolar disorder are offered psychological interventions specific for their disorder.

Process

Proportion of adults with bipolar disorder who received a psychological intervention specific for their disorder.

Numerator – the number in the denominator who received a psychological intervention specific for their disorder.

Denominator – the number of adults with bipolar disorder who were offered psychological intervention specific for their disorder.

Data source: Local data collection.

Outcomes

a) Relapse rates for adults with bipolar disorder.

Data source: Local data collection.

b) Hospital admissions rates for adults with bipolar disorder.

Data source: Hospital Episode Statistics and local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices, community health services and mental health services) ensure that systems are in place for adults with bipolar disorder to be offered psychological interventions specific for their disorder.

Healthcare professionals ensure that they offer psychological interventions specific for bipolar disorder to people with bipolar disorder.

Commissioners (such as clinical commissioning groups, NHS England local area teams and local authorities) commission services that deliver psychological interventions specific for bipolar disorder and ensure that adults with bipolar disorder are referred to these services.

What the quality statement means for service users and carers

Adults with bipolar disorder are offered a type of psychological treatment that is specially designed for bipolar disorder.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185 recommendations 1.2.5, 1.6.1 and 1.7.3

Definitions of terms used in this quality statement

Psychological interventions for bipolar disorder

Psychological interventions should address an adult's presentation of bipolar disorder and are:

- a psychological intervention that has been developed specifically for bipolar disorder and has a published, evidence-based manual[1] describing how it should be delivered **or**

[1] A manual based on at least 1 randomised controlled trial published in a peer‑reviewed journal showing effectiveness of the intervention in reducing depression symptoms in bipolar depression or, when used as long‑term treatment, reducing relapse in people with bipolar disorder.

- a high‑intensity psychological intervention (cognitive behavioural therapy, interpersonal therapy or behavioural couples therapy) in line with recommendations 1.5.3.1–1.5.3.5 in the NICE clinical guideline on depression.

[Bipolar disorder (NICE guideline CG185) recommendations 1.2.5 and 1.6.1]

Equality and diversity considerations

Specialist mental health services should provide psychological interventions that are appropriate for different ethnic and cultural backgrounds and that take into account differences in beliefs about biological, social and family influences on mental states.

Quality statement 4: Monitoring lithium

Quality statement

Adults with bipolar disorder prescribed lithium have their plasma lithium levels monitored regularly and maintained at 0.6 –0.8 mmol per litre.

Rationale

Lithium is effective in treating mania and recurrent depression, and preventing further mood episodes, in adults with bipolar disorder. It has a narrow therapeutic range and needs to be kept within that range in order that it is effective and does not lead to an increased risk of toxicity.

Quality measures

Structure

Evidence of practice arrangements and written clinical protocols to ensure that adults with bipolar disorder who are prescribed lithium have their plasma lithium levels monitored regularly and maintained at 0.6–0.8 mmol per litre.

Data source: Local data collection.

Process

a) Proportion of adults with bipolar disorder who are prescribed lithium and who have their plasma lithium levels monitored regularly.

Numerator – the number in the denominator who have their plasma lithium levels monitored regularly.

Denominator – the number of adults with bipolar disorder who are prescribed lithium.

Data source: Local data collection.

b) Proportion of adults with bipolar disorder prescribed lithium who have their plasma lithium levels maintained at 0.6 –0.8 mmol per litre.

Numerator – the number in the denominator who have their plasma lithium levels maintained at 0.6 –0.8 mmol per litre.

Denominator – the number of adults with bipolar disorder prescribed lithium.

Data source: Local data collection. Data can be collected using the NICE Quality and Outcomes Framework menu indicator NM42.

Outcomes

a) Lithium monitoring standards.

Data source: Local data collection.

b) Kidney health among adults with bipolar disorder.

Data source: Local data collection.

c) Thyroid function among adults with bipolar disorder.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices, community health services, mental health services and hospitals) ensure that there are procedures and protocols in place to monitor plasma lithium levels regularly and maintain them at 0.6 –0.8 mmol per litre for adults with bipolar disorder prescribed lithium.

Healthcare professionals ensure that adults with bipolar disorder prescribed lithium have their plasma lithium levels monitored regularly and maintained at 0.6 –0.8 mmol per litre.

Commissioners (such as NHS England area teams and clinical commissioning groups) specify within contracts that adults with bipolar disorder prescribed lithium have their plasma lithium levels monitored regularly and maintained at 0.6–0.8 mmol per litre.

What the quality statement means for service users and carers

Adults with bipolar disorder who are prescribed lithium have regular blood tests to check the amount of lithium in their blood and have their dose changed if they are not getting the right amount to ensure that it is both effective and non-toxic.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185, recommendations 1.10.15 and 1.10.19.

Definitions of terms used in this quality statement

Regular monitoring of plasma lithium levels

Plasma lithium levels should be measured weekly until they are stable, then every 3 months, for the first year. After the first year, plasma lithium levels should be measured every 6 months, or every 3 months for people who are in any of the following groups:

- older people
- people taking drugs that interact with lithium
- people who are at risk of impaired renal or thyroid function, raised calcium levels or other complications
- people who have poor symptom control
- people with poor adherence
- people whose last plasma lithium level was 0.8 mmol per litre or higher.

[Bipolar disorder (NICE guideline CG185) recommendations 1.10.15 and 1.10.19]

Quality statement 5: Valproate

Quality statement

Women of childbearing potential are not prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

Rationale

Valproate can harm unborn children. Its use during pregnancy has been associated with autism and congenital malformations. It therefore needs to be avoided by women who are, or who may become, pregnant.

Quality measures

Structure

Evidence of practice arrangements and written clinical protocols to ensure that women of childbearing potential are not prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

Data source: Local data collection.

Process

Proportion of women of childbearing potential prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

Numerator – the number in the denominator prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

Denominator – the number of women of childbearing potential with bipolar disorder.

Data source: Local data collection.

Outcome

Valproate prescribing rates among women of childbearing potential with bipolar disorder.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices, community health services, mental health services and hospitals) ensure that there are procedures and protocols in place to ensure that women of childbearing potential are not prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

Healthcare professionals ensure that women of childbearing potential are not prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

Commissioners (such as NHS England area teams and clinical commissioning groups) specify within contracts that women of childbearing potential are not prescribed valproate for long-term treatment or to treat an acute episode of bipolar disorder.

What the quality statement means for service users and carers

Women who may become pregnant or who are pregnant are not prescribed a medication called valproate to treat bipolar disorder because valproate can harm unborn babies.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185 recommendation 1.10.28

Equality and diversity considerations

Childbearing potential should be determined for women on an individual basis. It should not be determined solely by age because childbearing potential is also dependent on factors other than age.

Quality statement 6: Assessing physical health

Quality statement

Adults with bipolar disorder have a physical health assessment at least annually.

Rationale

Life expectancy for adults with bipolar disorder is 15 –20 years less than for people in the general population. People with bipolar disorder often have physical health problems, including cardiovascular and metabolic disorders such as type 2 diabetes. These health problems may sometimes be linked to lifestyle factors and risky behaviours and can be exacerbated by the use of antipsychotic drugs. Comprehensively assessing physical health will enable healthcare professionals to offer physical health interventions if necessary.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with bipolar disorder receive a physical health assessment at least annually.

Data source: Local data collection.

Process

Proportion of adults with bipolar disorder who received an annual physical health assessment.

Numerator – the number in the denominator who received an annual physical health assessment.

Denominator – the number of adults with bipolar disorder.

Data source: Local data collection. Some of the information can be collected using NICE Quality and Outcomes Framework menu indicators NM15, NM16, NM17, NM18 and NM42.

Outcome

Premature mortality among adults with bipolar disorder.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices, community health services and mental health services) ensure that protocols are in place to carry out an annual physical health assessment in adults with bipolar disorder.

Healthcare professionals ensure that they carry out an annual physical health assessment in adults with bipolar disorder, and share the results (under shared care arrangements) if the person is in the care of primary and secondary services.

Commissioners (such as CCGs, NHS England local area teams and local authorities) ensure that they commission services that carry out an annual physical health assessment in adults with bipolar disorder, and include this requirement in continuous training programmes and service specifications.

What the quality statement means for service users and carers

Adults with bipolar disorder have a physical health assessment at least once a year. A copy of the results should be sent to their care coordinator and psychiatrist, and put in their records.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185 recommendations 1.2.11 and 1.2.12.

Definitions of terms used in this quality statement

Physical health assessment

A physical health assessment for people with bipolar disorder should include:

- weight or BMI, diet, nutritional status and level of physical activity
- cardiovascular status, including pulse and blood pressure

- metabolic status, including fasting blood glucose, glycosylated haemoglobin (HbA_{1c}) and blood lipid profile
- liver function
- renal and thyroid function, and calcium levels, for people taking long‑term lithium.

Hypertension, abnormal lipid levels, obesity or risk of obesity, diabetes or risk of diabetes, or physical inactivity among adults with bipolar disorder should be identified at the earliest opportunity and treated in line with the NICE guidelines on hypertension, lipid modification, prevention of cardiovascular disease, obesity, physical activity and preventing type 2 diabetes.

[Adapted from Bipolar disorder (NICE guideline CG185) recommendations 1.2.11, 1.2.12, 1.2.13 and 1.2.14]

Quality statement 7: Supported employment programmes

Quality statement

Adults with bipolar disorder who wish to find or return to work are offered supported employment programmes.

Rationale

Supported employment programmes can increase employment rates in adults with bipolar disorder. Employment is a considerable challenge for adults with bipolar disorder and even though employment rates may be higher than among people with other severe mental illness, bipolar disorder frequently leads to workplace underperformance, absenteeism and decline in occupational status. Employment levels among adults with newly diagnosed bipolar disorder are much higher than those who have had bipolar disorder diagnosed for a longer time.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with bipolar disorder who wish to find or return to work are offered supported employment programmes.

Data source: Local data collection.

Process

Proportion of adults with bipolar disorder who want to find or return to work and also who have received supported employment programmes.

Numerator – the number in the denominator who received a supported employment programme.

Denominator – the number of adults with bipolar disorder who want to find or return to work.

Data source: Local data collection.

Outcome

Employment rates for adults with bipolar disorder.

Data source: Local data collection. National data are collected in the Health and Social Care Information Centre Mental health and learning disabilities data set.

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (such as GP practices, community health services and mental health services) ensure that systems are in place for adults with bipolar disorder who wish to find or return to work to be offered supported employment programmes.

Health and social care practitioners ensure that they are aware of local referral pathways to supported employment programmes, and offer these to adults with bipolar disorder who wish to find or return to work.

Commissioners (such as NHS England area teams and clinical commissioning groups) ensure that the commission services that offer supported employment programmes and referral pathways to these programmes in place for adults with bipolar disorder who wish to find or return to work.

What the quality statement means for service users and carers

Adults with bipolar disorder who wish to find or return to work are offered a place on an employment scheme that helps them find or return to work quickly.

Source guidance

- Bipolar disorder (2014) NICE guideline CG185 recommendation 1.9.6

Definitions of terms used in this quality statement

Supported employment programmes

Supported employment programmes, sometimes referred to as individual placement and support, are approaches to vocational rehabilitation that attempt to place service users in competitive employment immediately. Supported employment can begin

with a short period of preparation, but this has to last less than 1 month and not involve work placement in a sheltered setting, training or transitional employment.

[Psychosis and schizophrenia in adults (NICE guideline CG178) full guideline]

Equality and diversity considerations

Services should work in partnership with local stakeholders, including those representing minority ethnic groups, to enable adults with bipolar disorder to stay in work or education or find new employment, volunteering and educational opportunities.

Services should make reasonable adjustments (see the Health and Safety Executive's Health and safety for disabled people) to help adults with learning disabilities and bipolar disorder stay in work or education, or find new employment, volunteering and educational opportunities.

Some adults may be unable to work or unsuccessful in finding employment. Other occupational or education activities should be considered for these adults, including pre-vocational training.

Status of this quality standard

This is the draft quality standard released for consultation from 27 February to 27 March 2015. It is not NICE's final quality standard on bipolar disorder in adults. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 27 March 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from July 2015.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something

should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, mental health and social care practitioners and adults with bipolar disorder is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to adults with additional needs such as physical, sensory or learning disabilities, and to adults who do not speak or read English. Adults with bipolar disorder should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Bipolar disorder (2014) NICE guideline CG185

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2014) Chief Medical Officer (CMO) annual report: public mental health.
- Department of Health (2014) Closing the gap: priorities for essential change in mental health.
- Department of Health and Home Office (2014) Mental health crisis care concordat: improving outcomes for people experiencing mental health crisis.
- NHS England (2014) Reducing mortality for people with serious mental illness (SMI).
- Department of Health (2011) No health without mental health: a cross-government mental health outcomes strategy for people of all ages.

Definitions and data sources for the quality measures

- Bipolar disorder (2014) NICE guideline CG185
- Psychosis and schizophrenia in adults (2014) NICE guideline CG178, full guideline
- Health and Social Care Information Centre Mental health and learning disabilities data set.

Related NICE quality standards

Published

- Psychosis and schizophrenia in adults (2015) NICE quality standard 80.
- Anxiety disorders (2014) NICE quality standard 53.
- Smoking cessation: supporting people to stop smoking (2013) NICE quality standard 43.
- Attention deficit hyperactivity disorder (2013) NICE quality standard 39.
- Self-harm (2013) NICE quality standard 34.
- Drug use disorders (2012) NICE quality standard 23.

- Patient experience in adult NHS services (2012) NICE quality standard 15.
- Service user experience in adult mental health (2011) NICE quality standard 14.
- Alcohol dependence and harmful alcohol use (2011) NICE quality standard 11.

In development

- Alcohol: preventing harmful alcohol use in the community. Publication expected March 2015.
- Smoking: reducing tobacco use in the community. Publication expected March 2015.
- Personality disorders (antisocial and borderline). Publication expected May 2015.
- Smoking: harm reduction. Publication expected July 2015.
- Bipolar disorder, psychosis and schizophrenia in children and young people. Publication expected October 2015.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Antenatal and postnatal mental health
- Mental health problems in people with learning disability

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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The following specialist members joined the committee to develop this quality standard:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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