

Bipolar disorder in adults

Quality standard

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This standard is based on CG185.

This standard should be read in conjunction with QS102, QS100, QS92, QS88, QS83, QS82, QS80, QS53, QS43, QS34, QS23, QS15, QS14, QS11 and QS115.

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 is covered by the quality standard on [bipolar disorder, psychosis and schizophrenia in children and young people](#).

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 (ADHD).

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. People often initially present to services with depression, ill-defined psychotic symptoms or an impulse control problem, which can mean 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 disorder. For women with established bipolar disorder, 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. Adults with bipolar disorder are at high risk of suicide, which is greatly elevated during depressive episodes ([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:

- all-age all-cause mortality
- excess under-75 mortality rate in adults with severe mental illness
- suicide rate
- quality of life for people with severe mental illness
- quality of life for carers
- employment rates
- service user experience of mental health services.

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 2013–16](#).

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	<p>Improvement areas</p> <p>Reducing premature mortality in people with mental illness</p> <p>1.5 i Excess under 75 mortality rate in adults with serious mental illness*</p>
2 Enhancing quality of life for people with long-term conditions	<p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p>Enhancing quality of life for carers</p> <p>2.4 Health-related quality of life for carers**</p> <p>Enhancing quality of life for people with mental illness</p> <p>2.5 i Employment of people with mental illness***</p> <p>ii Health-related quality of life for people with mental illness***</p>
3 Helping people to recover from episodes of ill health or following injury	<p>Improvement areas</p> <p>Improving outcomes from planned treatments</p> <p>3.1 Total health gain as assessed by patients for elective procedures</p> <p>ii Psychological therapies</p> <p>iii Recovery in quality of life for patients with mental illness</p>

<p>4 Ensuring that people have a positive experience of care</p>	<p>Overarching indicators</p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>ii GP out-of-hour services</p> <p>4b Patient experience of hospital care</p> <p>Improvement areas</p> <p>Improving hospitals' responsiveness to personal needs</p> <p>4.2 Responsiveness to inpatients' personal needs</p> <p>Improving experience of healthcare for people with mental illness</p> <p><i>4.7 Patient experience of community mental health services</i></p> <p>Improving people's experience of integrated care</p> <p><i>4.9 People's experience of integrated care**</i></p>
<p>Alignment across the health and social care system</p> <p>* Indicator shared with Public Health Outcomes Framework (PHOF).</p> <p>** Indicator shared with Adult Social Care Outcomes Framework (ASCOF).</p> <p>*** Indicator shared with PHOF and ASCOF.</p> <p><i>Indicators in italics are in development.</i></p>	

Table 2 The Adult Social Care Outcomes Framework 2015–16

Domain	Overarching and outcome measures
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<p>1 Enhancing quality of life for people with care and support needs</p>	<p>Overarching measure</p> <p>1A Social care-related quality of life**</p> <p>Outcome measures</p> <p>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.</p> <p>1B Proportion of people who use services who have control over their daily lives</p> <p>Carers can balance their caring roles and maintain their desired quality of life.</p> <p>1D Carer-reported quality of life**</p> <p>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.</p> <p>1F Proportion of adults in contact with secondary mental health services in paid employment**</p> <p>1H Proportion of adults in contact with secondary mental health services living independently, with or without support*</p> <p>1I Proportion of people who use services and their carers who reported that they had as much social contact as they would like*</p>
<p>2 Delaying and reducing the need for care and support</p>	<p>Outcome measures</p> <p>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</p> <p>Earlier diagnosis, intervention and reablement mean that people and their carers are less dependent on intensive services</p> <p>2D The outcomes of short-term services: sequel to service</p>

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

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, 2013–16

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

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 affect 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 symptoms of depression are offered a referral for a specialist mental health assessment if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Statement 2. Adults with bipolar disorder have their early warning symptoms and triggers of relapse, preferred response during relapse and personal recovery goals specified in their care plan.

Statement 3. Carers of adults with bipolar disorder are involved in care planning, decision-making and information sharing about the person as agreed in the care plan.

Statement 4. (developmental) Adults with bipolar disorder are offered psychological interventions.

Statement 5. Adults with bipolar disorder prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.

Statement 6. This statement has been removed and is replaced by statement 1: valproate in the quality standard for antenatal and postnatal mental health (QS115).

Statement 7. Adults with bipolar disorder have a physical health assessment at least annually.

Statement 8. Adults with bipolar disorder who currently work, and those who wish to find or return to work, receive supported employment programmes.

Quality statement 1: Referral for specialist mental health assessment

Quality statement

Adults presenting in primary care with symptoms of depression are offered a referral for a specialist mental health assessment if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Rationale

The initial presentation in primary care for adults with bipolar disorder is usually with symptoms of depression. If the adult with bipolar disorder receives treatment for depression only, the intervention is ineffective and potentially harmful. If the adult presenting with depression has also experienced overactivity or disinhibited behaviour recently or in the past, depression may be a symptom of an underlying bipolar disorder. It indicates a need for further specialist mental health assessment.

Quality measures

Structure

Evidence of practice arrangements and written clinical protocols to ensure that adults presenting with symptoms of depression are referred for a specialist mental health assessment if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Data source: Local data collection.

Process

a) Proportion of adults presenting in primary care with symptoms of depression who are asked if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Numerator – the number in the denominator asked if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

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

Data source: Local data collection.

b) Proportion of adults presenting in primary care with symptoms of depression who have experienced overactivity or disinhibited behaviour lasting 4 days or more who were 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 symptoms of depression who have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Data source: Local data collection.

Outcome

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 symptoms of depression to be asked about experiences of overactivity or disinhibited behaviour lasting 4 days or more and referred for a specialist mental health assessment if needed.

Healthcare professionals ask adults who present in primary care with symptoms of depression about experiences of overactivity or disinhibited behaviour lasting 4 days or more, and 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 symptoms of depression who have also experienced overactivity or disinhibited behaviour lasting 4 days or more to receive a specialist mental health assessment.

What the quality statement means for service users and carers

Adults who see their GP with symptoms of depression are referred for a specialist mental health assessment if they have not been in control of their mood and behaviour for 4 days in a row or longer.

Source guidance

- [Bipolar disorder](#) (2014) NICE guideline CG185, recommendation 1.2.1.

Definitions of terms used in this quality statement

Symptoms of depression

Key symptoms:

- persistent sadness or low mood; **and/or**
- marked loss of interests or pleasure.

Associated symptoms:

- disturbed sleep (decreased or increased compared to usual)
- decreased or increased appetite **and/or** weight
- fatigue or loss of energy
- agitation or slowing of movements
- poor concentration or indecisiveness
- feelings of worthlessness or excessive or inappropriate guilt
- suicidal thoughts or acts.

[[Depression in adults](#) (NICE guideline CG90) appendix C: Assessing depression and its severity]

Referral for specialist mental health assessment

Adults with symptoms of depression presenting in primary care should be offered a referral for specialist mental health assessment if overactivity or disinhibited behaviour has lasted for 4 days or

more. Overactivity or disinhibited behaviour may include:

- elated, expansive or irritable mood
- increased activity
- decreased need for sleep
- increased talkativeness
- fast or racing thinking
- inflated self-esteem or self-importance
- increased sexual activity
- attention easily drawn to irrelevant stimuli
- excessive involvement in activities with high potential for undesired consequences, such as overspending or risky behaviours.

[[Bipolar disorder](#) (NICE guideline CG185) recommendations 1.2.5 and expert opinion]

Quality statement 2: Personalised care plan

Quality statement

Adults with bipolar disorder have their early warning symptoms and triggers of relapse, preferred response during relapse and personal recovery goals specified in their care plan.

Rationale

Bipolar disorder is a long-term condition that involves periods of wellbeing that may end abruptly because of relapse into mania, hypomania or bipolar depression. It is important for adults with bipolar disorder to have a personalised care plan in which they specify the care they want to receive, particularly in a crisis. It is also important that their care plan is focused on maintaining wellbeing, preventing relapse and achieving recovery goals. Specifying early warning symptoms and triggers in the care plan allows health and social care practitioners and carers to be alert to these and to intervene early to prevent or prepare for a crisis.

Quality measures

Structure

Evidence of practice arrangements and written clinical protocols to ensure that care plans specify early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

Data source: Local data collection.

Process

a) Proportion of adults with bipolar disorder who have a care plan that specifies early warning symptoms of mania and depression relapse.

Numerator – the number in the denominator who have a care plan that specifies early warning symptoms of mania and depression relapse.

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

Data source: Local data collection.

b) Proportion of adults with bipolar disorder who have a care plan that specifies triggers of mania and depression relapse.

Numerator – the number in the denominator who have a care plan that specifies triggers of mania and depression relapse.

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 a care plan that specifies preferred response during mania and depression relapse.

Numerator – the number in the denominator who have a care plan that specifies preferred response during mania and depression relapse.

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

Data source: Local data collection.

d) Proportion of adults with bipolar disorder who have a care plan that specifies personal recovery goals.

Numerator – the number in the denominator who have a care plan that specifies personal recovery goals.

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

Data source: Local data collection.

Outcome

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

Data source: Health and Social Care Information Centre [GP patient survey](#) and local data collection.

b) Health-related quality of life for adults with a long-term mental health condition.

Data source: Health and Social Care Information Centre [GP patient survey](#) and local data collection.

c) Frequency of relapse rates 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 secondary care services, GP practices and community mental health services) ensure that systems are in place for adults with bipolar disorder to specify in their care plan early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

Healthcare professionals collaborate with adults with bipolar disorder to develop a care plan that specifies early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

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 specifies early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

What the quality statement means for service users and carers

Adults with bipolar disorder have a care plan that specifies what to look out for that might mean they are becoming unwell again or things that might act as a 'trigger' to becoming unwell, what the person would prefer to happen if they become unwell again and their personal recovery goals.

Source guidance

- [Bipolar disorder](#) (2014) NICE guideline CG185, recommendations 1.3.2 and 1.9.4.

Equality and diversity considerations

Some adults with bipolar disorder may find it difficult to express their needs and aspirations. 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 carers, interpreters or advocates if needed.

Quality statement 3: Involving carers in care planning

Quality statement

Carers of adults with bipolar disorder are involved in care planning, decision-making and information sharing about the person as agreed in the care plan.

Rationale

Carers of people with bipolar disorder should be involved at every stage of care provision if the person with bipolar disorder agrees to it. It is particularly important for adults with bipolar disorder and their carers to plan for periods of crisis during times of wellbeing. Adults with bipolar disorder should be encouraged to make advance statements specifying who should receive information and who should make decisions on their behalf if they are unable to.

Quality measures

Structure

Evidence of local arrangements to ensure that carers are involved in care planning, decision-making and information sharing about the adult with bipolar disorder as agreed in the care plan.

Data source: Local data collection.

Process

a) Proportion of adults with bipolar disorder whose care plan includes statements on information sharing with carers.

Numerator – the number in the denominator whose care plan includes statements on information sharing with carers.

Denominator – the number of adults with bipolar disorder with an identified carer.

Data source: Local data collection.

b) Proportion of adults with bipolar disorder whose care plan includes statements on decision-making by carers.

Numerator – the number in the denominator whose care plan includes statements on decision-making by carers.

Denominator – the number of adults with bipolar disorder with an identified carer.

Data source: Local data collection.

Outcome

Carers' satisfaction with services.

Data source: Health and Social Care Information Centre [Personal Social Services Adult Social Care Survey](#) and local data collection.

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

Service providers (such as community health services and mental health services) ensure that systems are in place for carers of adults with bipolar disorder to be involved in care planning, decision-making and information sharing about the adult with bipolar disorder as agreed within the care plan.

Health and social care practitioners ensure that they are aware of the role of carers and involve them in care planning, decision-making and information sharing about the adult with bipolar disorder as agreed within the care plan.

Commissioners (such as clinical commissioning groups and NHS England local area teams) ensure that local arrangements are in place to encourage adults with bipolar disorder to make advanced statements within their care plans on involving carers in care planning, decision-making and information sharing about them.

What the quality statement means for service users and carers

Carers of adults with bipolar disorder (who may be family members, partners or friends) are involved in care planning, decision-making and information sharing about the adult with bipolar disorder, which should be agreed with the person and included in their care plan. This is particularly important at the time of crisis when information should be given to carers who may need to make decisions on behalf of the adult with bipolar disorder if they are unable to.

Source guidance

- [Bipolar disorder](#) (2014) NICE guideline CG185 recommendations 1.1.15 and 1.1.17.

Definitions of terms used in this quality statement

Carers

People who provide unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled. [[Bipolar disorder](#) (NICE guideline CG185)]

Equality and diversity considerations

The workforce across agencies should, as far as possible, reflect the local community. Health and social care practitioners should have training to ensure that they have a good understanding of the culture of families they are working with. Interpreters should be provided if no practitioner is available who speaks a language in which the carers can communicate easily.

Quality statement 4 (developmental): Psychological interventions

Developmental quality statements set out an emergent area of cutting-edge service delivery or technology currently found in a minority of providers and indicating outstanding performance. They will need specific, significant changes to be put in place, such as redesign of services or new equipment.

Quality statement

Adults with bipolar disorder are offered psychological interventions.

Rationale

Currently very few adults with bipolar disorder can access appropriate psychological interventions because of capacity and training issues within mental health services. Psychological interventions specifically developed for adults with bipolar disorder (such as enhanced relapse prevention/ individual psychoeducation or cognitive behavioural therapy for bipolar disorder) have been shown to improve symptoms and prevent relapses and hospitalisation. Adults with bipolar disorder can be offered psychological intervention as individual, group or family intervention depending on accessibility and suitability to them.

Quality measures

Structure

a) Evidence of local arrangements for the provision of psychological intervention programmes.

Data source: Local data collection.

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

Data source: Local data collection.

Process

Proportion of adults with bipolar disorder who receive a psychological intervention.

Numerator – the number in the denominator who receive a psychological intervention.

Denominator – the number of adults with bipolar disorder.

Data source: Local data collection.

Outcome

a) Relapse rates for adults with bipolar disorder.

Data source: Health and Social Care Information Centre [Improving Access to Psychological Therapies dataset \(IAPT\)](#) and local data collection.

b) Hospital admission rates for adults with bipolar disorder.

Data source: Health and Social Care Information Centre [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.

Healthcare professionals offer adults with bipolar disorder psychological interventions.

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

What the quality statement means for service users and carers

Adults with bipolar disorder are offered psychological treatment for bipolar disorder to help them manage their symptoms and stay well in the future.

Source guidance

- [Bipolar disorder](#) (2014) NICE guideline CG185, recommendations 1.2.5, 1.6.1 and 1.7.3 (key priority for implementation).

Definitions of terms used in this quality statement

Psychological interventions

Psychological interventions recommended specifically for adults with bipolar disorder include:

- 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
- 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](#).

Psychological interventions can be delivered as a one-to-one, group or family therapy and should address the presentation of adults with bipolar disorder.

[[Bipolar disorder](#) (NICE guideline CG185) recommendations 1.2.5, 1.6.1 and expert opinion]

Equality and diversity considerations

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

^[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.

Quality statement 5: Maintaining plasma lithium levels

Quality statement

Adults with bipolar disorder prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.

Rationale

Lithium is effective in treating mania, recurrent depression, and preventing further mood episodes and suicide in adults with bipolar disorder. It has a narrow optimum range, with plasma lithium levels below 0.6 mmol per litre ineffective and plasma lithium levels above 0.8 mmol per litre linked to increased 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 dosage adjusted if their plasma lithium levels are outside the optimum range.

Data source: Local data collection.

Process

Proportion of adults with bipolar disorder prescribed lithium who had their dosage adjusted if their plasma lithium levels were outside the optimum range.

Numerator – the number in the denominator who had their dosage adjusted if their plasma lithium levels were outside the optimum range.

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 [NM22](#) (QOF indicator MH010).

Outcome

a) Adults with bipolar disorder prescribed lithium who have their plasma lithium levels maintained within the optimum range.

Data source: Local data collection.

b) Kidney function among adults with bipolar disorder prescribed lithium.

Data source: Local data collection.

c) Thyroid function among adults with bipolar disorder prescribed lithium.

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 shared care arrangements, procedures and protocols are in place to adjust lithium dosage and maintain plasma lithium levels within the optimum range for adults with bipolar disorder prescribed lithium.

Healthcare professionals ensure that adults with bipolar disorder prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.

Commissioners (such as NHS England area teams and clinical commissioning groups) specify in their contracts that there are shared care arrangements to ensure that adults with bipolar disorder prescribed lithium have their plasma lithium levels maintained within the optimum range.

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

Plasma lithium levels within the optimum range

Plasma lithium levels below 0.6 mmol per litre are ineffective and plasma lithium levels above 0.8 mmol per litre are linked to increased toxicity. Once lithium has been started and stabilised, plasma lithium levels need to be maintained within the range of 0.6–0.8 mmol per litre.

If the adult with bipolar disorder needs plasma lithium levels maintained at above 0.8 mmol per litre, they should have their lithium levels monitored at least every 3 months.

[[Bipolar disorder](#) (NICE guideline CG185) adapted from recommendations 1.10.15 and 1.10.20]

Quality statement 6: Valproate

This statement has been removed and is replaced by [statement 1: valproate](#) in the quality standard for antenatal and postnatal mental health (QS115).

Quality statement 7: Assessing physical health

Quality statement

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

Rationale

Life expectancy among adults with bipolar disorder is estimated to be 15–20 years lower than for the general population. Causes contributing to high morbidity and premature mortality among adults with bipolar disorder include cardiovascular disease, respiratory disease, diabetes and obesity. Assessing physical health allows healthcare professionals to identify early signs and symptoms of poor health and take action to address them.

Quality measures

Structure

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

Data source: Local data collection.

b) Evidence of local arrangements to ensure that symptoms of poor physical health identified during the physical health assessment of adults with bipolar disorder are addressed.

Data source: Local data collection.

Process

a) Proportion of adults with bipolar disorder who receive an annual physical health assessment.

Numerator – the number in the denominator who received an annual physical health assessment within the last 12 months.

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 (QOF indicator MH007), NM16, NM17 (QOF

indicator MH003), NM18 and NM42.

b) Proportion of adults with bipolar disorder who receive treatment or intervention for symptoms of poor physical health identified during the physical health assessment.

Numerator – the number in the denominator who receive treatment or intervention for symptoms of poor physical health identified during the physical health assessment.

Denominator – the number of adults with bipolar disorder who receive an annual physical health assessment that identified symptoms of poor physical health.

Data source: Local data collection.

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 physical health assessment in adults with bipolar disorder at least annually, and that the assessment results are acted on.

Healthcare professionals carry out a physical health assessment at least annually in adults with bipolar disorder, take appropriate actions based on assessment results and share the results (under shared care arrangements) if the adult is in the care of primary and secondary services.

Commissioners (such as clinical commissioning groups, 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 at least annually, and take appropriate actions based on assessment results. They 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 and receive support if any health problems are identified. 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 adults 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 adults 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 \(prevention, identification, assessment and management](#), [weight management services](#)), [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 8: Supported employment programmes

Quality statement

Adults with bipolar disorder who currently work, and those who wish to find or return to work, receive supported employment programmes.

Rationale

Although employment rates for adults with bipolar disorder are higher than for people with other severe mental health problems, bipolar disorder frequently leads to workplace underperformance, absenteeism and decline in occupational status. There are also particular risks for some people with bipolar disorder when they undertake shift work. Supported employment programmes can help adults with bipolar disorder stay in employment or move to another job, and identify employment opportunities for those who wish to find work.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with bipolar disorder who currently work, and those who wish to find or return to work, receive supported employment programmes.

Data source: Local data collection.

Process

a) Proportion of adults with bipolar disorder who currently work who receive supported employment programmes.

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

Denominator – the number of adults with bipolar disorder who currently work.

Data source: Local data collection.

b) Proportion of adults with bipolar disorder who wish to find or return to work who receive supported employment programmes.

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

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

Data source: Local data collection.

Outcome

Employment rates among 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 currently work, and those 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 for supported employment programmes, and offer these to adults with bipolar disorder who currently work or who wish to find or return to work.

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

What the quality statement means for service users and carers

Adults with bipolar disorder who work or wish to find or return to work receive a place on an employment scheme (also called a supported employment programme) that helps them to stay in their current job, or to 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 provide support to people with disabilities or other disadvantaged groups to secure and maintain paid employment in the open labour market.

[Expert opinion based on [European Union of Supported Employment definition](#)]

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 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.

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](#).

Information for the public

NICE has produced [information for the public](#) about this quality standard. Service users and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

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.
- Medicines and Healthcare Products Regulatory Agency (2015) [Drug Safety Update: Medicines related to valproate: risk of abnormal pregnancy outcomes](#).

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

- [Antenatal and postnatal mental health](#) (2016) NICE quality standard 115
- [Bipolar disorder, psychosis and schizophrenia in children and young people](#) (2015) NICE quality standard 102
- [Smoking: harm reduction](#) (2015) NICE quality standard 92
- [Personality disorders: borderline and antisocial](#) (2015) NICE quality standard 88
- [Alcohol: preventing harmful alcohol use in the community](#) (2015) NICE quality standard 83
- [Smoking: reducing tobacco use in the community](#) (2015) NICE quality standard 82
- [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

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:

- 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:

Ms Deryn Bishop

Public Health Behaviour Change Specialist, Solihull Public Health Department

Dr Alastair Bradley

General Medical Practitioner, Tramways Medical Centre/Academic Unit of Primary Medical Care, University of Sheffield

Jan Dawson

Registered Dietitian

Dr Matthew Fay

GP, Westcliffe Medical Practice, Shipley, West Yorkshire

Dr Malcolm Fisk

Co-Director, Ageing Society Grand Challenge Initiative, Coventry University

Ms Margaret Goose

Lay member

Dr Madhavan Krishnaswamy

Consultant Clinical Oncologist, Southend University Hospital NHS Trust

Mrs Geeta Kumar

Clinical Director, Women's Services (East) Betsi Cadwaladr University Health Board

Mrs Rhian Last

Clinical Lead, Education For Health

Dr Hugh McIntyre (Chair)

Consultant Physician, East Sussex Healthcare Trust

Ms Ann Nevinson

Lay member

Dr Jane O'Grady

Director of Public Health, Buckinghamshire County Council

Mrs Jane Orr-Campbell

Director, Orr-Campbell Consultancy, Bedfordshire

Professor Gillian Parker

Professor of Social Policy Research and Director, Social Policy Research Unit, University of York

Mr David Pugh

Independent Consultant, Gloucestershire County Council

Dr Eve Scott

Head of Safety and Risk, The Christie NHS Foundation Trust, Manchester

Dr Jim Stephenson

Consultant Medical Microbiologist, Epsom and St Helier NHS Trust

Mr Darryl Thompson

Registered Nurse (Mental Health), South West Yorkshire Partnership NHS Foundation Trust

Mrs Julia Thompson

Health Improvement Principal, Sheffield City Council

Mrs Sarah Williamson

Clinical Quality Assurance and Performance Manager, NHS Stockport Clinical Commissioning Group

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

Ms Lauren Aylott

Specialist lay member

Professor Richard Morriss

Professor of Psychiatry and Community Mental Health, University of Nottingham

Ms Donna Swinden

Senior Therapist, IAPT Durham and Darlington

NICE project team

Mark Minchin

Associate Director

Anna Wasielewska

Lead Technical Analyst

Julie Kennedy and Alison Tariq

Senior Technical Analyst

Rachel Neary-Jones

Programme Manager

Esther Clifford

Project Manager

Jenny Mills and Liane Marsh

Co-ordinator

Changes after publication

February 2016: Statement 6 on the use of valproate in women of childbearing potential has been removed from this quality standard and is replaced by [statement 1](#) in the NICE quality standard for [antenatal and postnatal mental health](#) (QS115) published February 2016. This change was made to ensure alignment with the NICE quality standard on antenatal and postnatal mental health and reflect more clearly that valproate should not be prescribed to treat mental health problems in women of childbearing potential unless in exceptional circumstances.

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](#).

This quality standard has been incorporated into the NICE pathway on [bipolar disorder](#).

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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Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of General Practitioners](#)
- [Rethink Mental Illness](#)
- [Bipolar UK](#)