

DRAFT Research Proposal

Planning to stay well with bipolar disorder

Background

Bipolar mood disorder is an episodic illness. Although bipolar disorder is a common cause of disability¹, many people develop strategies to stay well and avoid relapses². These strategies enable people with bipolar disorder to identify early symptoms of relapse³ and take preventative action. Although such strategies often involve a biomedical intervention (e.g. appointment with therapist, medication), these strategies may also involve primary social interventions (e.g. walking the dog, talking with friends, spa bath).

In our previous 'stay well' research, one hundred people diagnosed with bipolar disorder described how they avoid episodes of illness and manage to stay well^{4,5,6,7}. This research examined the role that personal, social and environmental factors play in helping people with bipolar disorder to stay well. The strategies identified were based on participants' individual needs and social contexts. Although there was no "one-fix-fixes-all", participants learnt what worked for them, and what did not work.

The 'stay well' research identified the importance of 'stay well plans' in helping people to avoid episodes of illness. 'Stay well plans' are written documents that clearly identify an individual's triggers, warning signs (both early and late) and effective interventions for each individual. The 'stay well plans' are based on a person's own life experiences and circumstances. They are developed with others—partners, family, close friends, and health care professionals. The stay well plans are adapted and revised as required during the course of the illness in response to an individual's changing needs. The idea for the proposed "Stay Well" training program developed from this preliminary 'stay well' research.

Objectives

The 'Stay Well' training sessions will work with people who are newly diagnosed with bipolar disorder. The primary objective of the 'Stay Well' training sessions is to reduce both the number and severity of episodes of illness. The specific objectives of the proposed project are to:

- develop a 'Stay Well' training program for people who have been recently diagnosed with bipolar disorder
- implement the training program with small groups of participants and trainers
- assist participants to develop skills to intervene early to prevent episodes of illness
- evaluate the effectiveness of the 'Stay Well' training program

Design

To test the hypothesis that participation in the 'Stay Well' training program will reduce episodes of illness, people who are newly diagnosed with bipolar disorder will be randomly assigned to Group A (control group) or Group B (experimental group). Participants in both Group A and Group B will receive standard psychoeducation that is currently offered to people who are newly diagnosed with bipolar disorder. Participants in Group B will also receive the project's 5-week 'Stay Well' training program.

1. Development of training program

The training program will be developed in collaboration with educators, people who participated in the original ‘Stay Well’ research project and health care professionals. The training program will be trialled with small groups. Participants in the trial training sessions will provide feedback to improve and modify the training program.

2. Implementing the training program

Mental health care professionals working in Mental Health Services and Community Health Centres will be informed about the training program and encouraged to refer participants to the study. The project will also be advertised in the media. The aim is to recruit 160 people who have been diagnosed with bipolar disorder within the past 12 months (i.e. newly diagnosed).

Upon recruitment, all participants will receive a short semi-structured interview to identify their understanding of bipolar disorder. Each training program will bring together eight (8) people who have been recently diagnosed with bipolar disorder with two (2) trainers. The training program will involve (5) sessions – one 2-hour session per fortnight for 5 weeks. In the final session, family and friends will also be included so that the participants can share their ‘stay well plan’ with people who are close to them.

During the training sessions, participants will:

- learn to identify *their* individual triggers and *early* warning signs
- identify a range of intervention strategies to help them to prevent episodes of illness
- develop a personal ‘stay well plan’
- share their ‘stay well plan’ with family and close friends

3. Evaluation of training program

Participants from both the control and experimental groups will be followed up at two different time points (6 months and 12 months after recruitment). The follow up will consist of a semi-structured interview. The aim of the interview is to ascertain whether participants have experienced any episodes of illness and/or admissions to hospital. The interview will also explore the participants’ employment status, relationships (partner, family, friends) and acceptance of treatment, including medication.

Main outcome measures

The main outcome measures are:

- Episodes of illness (number and severity)
- Admission(s) to hospital (number and duration)
- Acceptance of treatment, including medication
- Employment status
- Relationships (family, friends)
- Implementation of stay well plan to prevent episodes

Analysis of results

All participants will receive a baseline interview, then further interviews at 6 months and 12 months. With permission from each participant, the structured interviews will be tape recorded and professionally transcribed. The chief investigators will use NVIVO to manage the complex and sensitive qualitative data. They will use a thematic analysis process to code the qualitative data for themes and critical issues. This data will also be analysed quantitatively using descriptive statistics.

Significance

The 'Stay Well' training sessions will use health promotion methodologies. A wellness view of bipolar disorder fills an important gap in the understanding of bipolar disorder. Rather than focus only on the 'burden' of bipolar disorder, it is also crucial to learn from people who manage to stay well with bipolar disorder.

The 'Stay Well' training program trainers will suggest strategies that have worked for others. They will provide examples of how people with bipolar disorder live full and productive lives. This will give hope to participants, their families and friends. By learning what works for them, and what does not work, participants will learn to *actively* manage manic depression. Like others who experience chronic illness, participants will learn to take control of their lives and stay well.

The diagnosis of bipolar disorder is often unexpected, unplanned and unwelcome. It is common for people to spend some time resisting the diagnosis of manic depression. Although some people resist the diagnosis for years, angry at their psychiatrist and refusing to accept treatment, most people resist diagnosis and treatment for only a short time. For many, the first crucial step to wellness is to accept the illness. The 'Stay Well' training program may become an important second step.

References

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