Psycho-education is an evidence-based intervention, offering peer support alongside expert information and coping strategies for people with bipolar disorder.

## Group psycho-education for bipolar disorder

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### Abstract

Psycho-education is an established healthcare intervention that is appropriate for both physical and mental health conditions as varied as coronary artery disease (Aldcroft et al, 2011), diabetes (Deakin et al, 2005), depression and anxiety (Donker et al, 2009), schizophrenia (Xia et al, 2011), and bipolar disorder, and should be a core element of both mental health and general nursing practice.

The intervention enables nurses to provide patients with information about their diagnosis and treatment, and encourage self-management skills and techniques to avoid relapse. It enables patients to become informed, collaborative partners with clinicians, fully concordant with treatments.

Although they are known to be appropriate in the treatment of bipolar disorders (National Institute for Health and Clinical Excellence, 2006), psycho-education interventions are not always available. Where they are available, the way they are presented seems to be important, since group interventions appear to be more beneficial than individual or family psycho-educational approaches (Smith et al, 2010). Group psycho-education for bipolar disorder has been shown to be effective through: a longer time to relapse and reductions in the number of relapses, the number of days in hospital and overall symptoms, as well as better treatment adherence (Eker and Harkin, 2012; Colom et al, 2009; Simon et al, 2006).

Groups are usually made up of participants at differing stages of illness. While there is evidence to show a potential for benefit is greater for participants at the earlier stages (Reinares et al, 2010), the heterogeneous nature of the group provides useful peer learning at all stages.

The Bipolar Education Programme Cymru (BEP-C) is a group psycho-education intervention for bipolar disorder developed by the Department of Psychological Medicine and Clinical Neurosciences at Cardiff University and funded through the Wales Big Lottery Fund. The programme runs over 10 weeks, with each weekly session lasting for up to two hours. The sessions are delivered and overseen by clinical staff (mainly community mental health nurses but also psychiatrists, psychologists and occupational therapists). The model is sufficiently well established that clinicians from other areas in the UK have been trained in its presentation and given the resources to practise it in their own areas.
Patient recruitment
To date, 12 courses have been offered in north and south Wales, and a total of 157 participants have completed the course. Groups are set at a maximum of 15 people to encourage participation, although the average group attendance is 8-10.

Participants hear about the course via clinicians giving them leaflets, through mailouts in the newsletters of Bipolar UK or the Bipolar Disorder Research Network (www.bdrn.org), or by word of mouth from past participants.

The course organisers telephone participants before they are accepted onto the course to ensure they understand its nature and that it is suitable and appropriate for them. Not everyone responds or functions well in group settings, and some people may not be able to commit to the full 10 weeks; these people are offered the internet-based Beating Bipolar programme (Smith et al, 2011), which has a similar content to the BEP-C course but without the face-to-face contact.

Programme delivery
The psycho-education offered through the BEP-C groups is similar to that of the self-management groups run by Bipolar UK (formerly the Manic-Depressive Fellowship), although its course runs over a single weekend rather than 10 weeks. Bipolar UK groups are also overseen by people with bipolar disorder, while ours are run by clinical staff.

Participants are encouraged to contribute their insights; this is as important as the material provided by the facilitators, who make it clear that they are not total experts on bipolar disorder and are fallible in their knowledge.

The physical position of the facilitators changes subtly over the duration of the course. At the beginning, they normally sit/stand at the front of the room but, after a few weeks, they move to the side of the room to encourage the group to run itself. This approach is a useful way to use participants’ knowledge and encourage them to become active in the process. Participants may accept and trust the views of their peers more than clinicians; their becoming more active also satisfies the “helper-therapist” phenomenon, whereby participants gain satisfaction when others find their suggestions helpful.

Participants share a vast amount of knowledge, often gained through experience, and this is what makes groups of this nature well respected and clinically valuable. We encourage participants to bring any resources they have found beneficial, such as mood diaries, books, magazine and newspaper articles, discussions about radio/TV programmes and, more recently, smartphone applications that are used to monitor mood.

Course facilitators always ensure they allow time for this ad-hoc learning by the participants themselves. Participants often develop close bonds of friendship and support during the courses and this has the potential to lead to difficulty when the course ends. To avoid participants experiencing feelings of abrupt disengagement, we encourage them to maintain contact by attending the many user-led support groups organised through Bipolar UK. We invite representatives from the organisation to the first and last sessions to discuss the services they offer, and to say where nearby support groups are; where no groups are available, participants are encouraged to start one of their own and advised on how to go about this.

Participants often gain satisfaction when others participate in their knowledge and encourage them to become active in the process. Participants’ feedback
Participants complete questionnaires at the first and final group sessions. We intend to compile data examining the potential benefits of the intervention such as reductions in symptoms experienced, increased periods of time to relapse and reduced hospital admissions over the forthcoming years. Feedback gathered from the participant satisfaction survey (n=72) completed at the final group sessions is shown in Box 2.

Among the questions asked in the feedback questionnaires is whether participants would value having a facilitator who experiences bipolar disorder. Having a facilitator with personal experience of what they go through might be attractive to participants, and we were not surprised to see that 66% stated they would like to see people with a bipolar disorder as group facilitators, although this was often with the caveat that such facilitators were suitably trained, supervised and well enough to undertake the role over the 10-week programme. However, bipolar disorder covers such a large spectrum of presentations that not all participants are likely to identify with a facilitator’s experiences, and there is the potential for disillusionment if a participant does not respond to the same interventions as the facilitator. A common suggestion was that a facilitator with

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**Box 1. Course Programme**

- Week 1: Introduction
- Week 2: What is bipolar disorder?
- Week 3: What causes bipolar disorder?
- Week 4: Medications
- Week 5: Psychological approaches
- Week 6: Lifestyle issues
- Week 7: Monitoring mood and identifying triggers
- Week 8: Early warning signature
- Week 9: Friends and family
- Week 10: Bringing it all together

**Box 2. Participants’ Feedback**

- 89% were highly satisfied with the programme in general
- 81% felt that they had gained new information about and insights into bipolar disorder and how to manage it
- 72% found the exercises in the programme very useful
- 83% found the printed information provided very useful
- 91% said the programme completely fulfilled their expectations
- 96% would definitely recommend BEP-C to other people with bipolar disorder

Note: The percentage reflects the number of participants who rated 8 or higher on a Likert scale where 1 was “not at all” and 10 “completely”

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Being able to share experiences was valued.
bipolar disorder could work in tandem with a clinical member of staff.

One participant noted that having a facilitator who experiences bipolar disorder is “not necessary if everyone else in the group is bipolar. Facilitating is a skill not given by being ill with bipolar disorder.”

Others felt that the idea of having facilitators with a bipolar disorder should be treated with caution, considering it important for groups to be run by mental health professionals; participants also appreciated the fact that the facilitators did not talk about themselves.

Some of the participants’ comments are shown in Box 3. There is a lack of published evidence supporting the effectiveness of involving a patient as a facilitator.

Conclusion

Although not routinely available through the NHS, group psycho-education for bipolar disorder is an effective, evidence-based intervention and represents a vital component of comprehensive care.

To add to the growing evidence that such measures are beneficial, both BEP-C and Beating Bipolar are being evaluated by Cardiff University in the hope that these treatments might in the future become part of the standard care offered to patients with bipolar disorder. NT

References


