



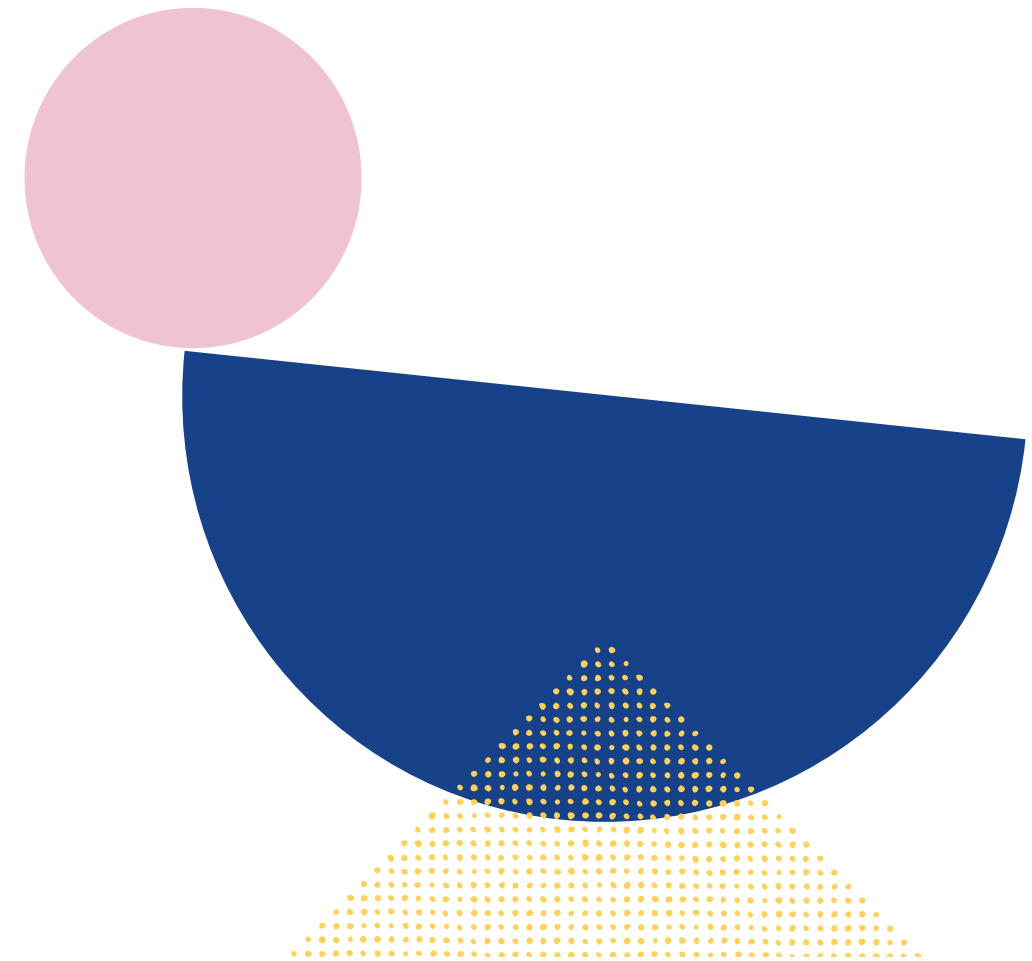
Our community. Our charity.

2021 Annual Report
& Financial Statements.



Our mission is to
**empower everyone
affected by bipolar**
to live well and fulfil
their potential.

We will achieve it by
growing a community of
support that connects
people through lived
experience.



A bit about bipolar.

Bipolar is a severe, long-term mental illness. It's characterised by significant mood swings – from manic highs to suicidal depression. And it can affect both males and females of any age, from any social or ethnic background.

There are over a million people living with bipolar in the UK. Within our circles of families, friends, colleagues and acquaintances, we're all likely to know several people who are affected by bipolar. Shockingly, it takes an average of 9.5 years to receive a correct diagnosis of bipolar in the UK. This means people are missing out on potentially life-saving treatment and support.

People with bipolar are more likely to live alone and be dependent on disability benefits. Bipolar increases the risk of suicide by up to 20 times, with people living with bipolar accounting for at least one in 20 suicides in the UK each year.

Bipolar doesn't just affect those who have it. Families and friends are often the first port of call for care and support. This can put them under immense stress.

But there is hope. With effective treatment and self-management, people can lead full and productive lives with the condition.

Legal & Administrative Information.

Who’s who.

Trustees

Alice Alphandary
Melissa Barnett
Jeremy Clark
Derrick Dale QC
Sarita Dent
Mohini Morris
Guy Paisner
Robert Print
Hilary Samson-Barry
Nadia Silver
Jennifer Trent-Staves
Bill Walden-Jones
Prof Allan Young

Chair

Guy Paisner

Vice Chair

Hilary Samson-Barry
Nadia Silver (as of March 2021)
Mohini Morris (until March 2021)

Treasurer

Sarita Dent

Chief Executive

Simon Kitchen

Charity Name

Bipolar UK Ltd

Charity Number

293340

Company Number

1955570

Principal address & Registered office

32 Cubitt Street,
London, WC1X 0LR

Accountants

Haysmacintyre LLP
10 Queen Street Place
London, EC4R 1AG

Bankers

CAF Bank
25 Kings Hill Avenue
Kings Hill
West Malling
Kent, ME19 4JQ

National Westminster Bank plc
5 Market Place
Kingston Upon Thames
Surrey, KT1 1JX

Solicitors

Carter Bells
Kings’ Stone House
12 High Street
Kingston Upon Thames, KT1 1HD

Contents

Part One. Our community.

Message from our CEO	7
Trustees’ Report introduction	8
What we’ve achieved	9
The year in numbers	10
Bipolar Commission early findings	12
Covid-19 introduction	15
The year ahead	16
Theory of change	17

Part Two. Our charity.

A tribute	19
Sector review	21
Financial review	22

Our community

CEO Message 2020/21.

A word from Simon.



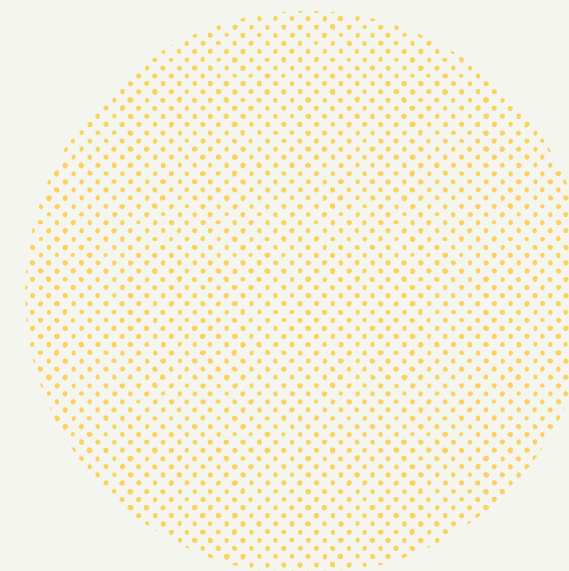
Simon Kitchen
Chief Executive Officer
Bipolar UK

Covid-19 meant 2020/21 was a turbulent year for Bipolar UK and our community and we all faced new challenges. We had to totally reconfigure our services, enabling staff to work from home and our community to access them virtually.

We started the year expecting record losses and ended it, thanks to the enormous generosity of our community and supporters, with one of our best fundraising years ever.

Despite the burden, in 2020/21 the charity and its community showed incredible adaptability and resilience.

It's going to be a big job to rebuild the charity back up to full strength again but we have a sound financial footing and an abundance of determination. Our focus now is to re-inspire our volunteers so that we can reopen our vital in-person Peer Support groups and other Peer Support services.



Trustees’ Report*.

A small charity.

A growing community.

Where we started

Our community began in 1982. Sheila Woodland and Philomena Germing, both living with bipolar, made contact through newspaper adverts. They sought others with bipolar so they could share their experiences.

As more people responded, a society was born. The first meeting was held in January 1983 at Church House, Westminster Cathedral. Records show 43 people attended. People, friends and family who were looking to connect and combat the lack of dedicated services for people with bipolar.

Where we are now

Today, we are a small charity that supports an ever-growing community. During Covid-19, our independent evaluation estimated that we’ve directly supported an average of **907 people** a month to stay well.

Include our website and social media in the equation, and that figure leaps to **over 6,000 empowered people** every month.

Following the pandemic we have big plans to reopen and expand our in-person groups and further strengthen our digital services. The need has never been greater. We also need to reaffirm the connections across our community.

This is only possible thanks to the enormous commitment of our small team of staff, our amazing volunteers and our dedicated supporters.

* The charity is governed by the memorandum and articles of association incorporated on 7 November 1985 and amended by special resolution on 7 September 2013 with new Articles as registered with the Charity Commission and Companies House.

Our aims in 2020/21.

The two sides to our story.

1.

Provide a comprehensive set of peer support services for anyone affected by bipolar and increase the reach of our support.
2.

Act as the voice of our community to improve the country’s health systems and services, changing attitudes to bipolar throughout UK society.

How we’ve brought them to life

We held a virtual conference

Following the success of our conference in November 2019, we ran our first virtual conference on World Bipolar Day on 30 March 2021. It was attended by over 1000 people, half of whom were entirely new to the charity. They listened to a range of keynote speakers with academic, clinical and lived experience on topics from diagnosis and medication to stigma and suicide prevention. Overall, 72% of attendees told us they found the conference useful. We’ve got lots of plans to improve on that response for the next conference in March 2022.

We empowered our community during Covid-19

Covid-19 struck at the start of the financial year, meaning we had to rapidly adapt our services and support our community through some of their darkest days. The charity also liaised with government agencies to support the vaccine roll-out so people living with bipolar could get their vaccine sooner.

We reorganised our services

The uncertainty around Covid-19 and the stop-start nature of in-person restrictions has thrown up many challenges. We moved our in-person groups online, introduced a new Peer Support call-back booking system on our chat bot and ran weekly Facebook Lives to keep the community connected. We have also worked hard to reopen in-person groups as soon as possible, within the parameters set by the government.

We reviewed our office and ways of working

Following the required working from home during Covid-19 and the expiry of our previous office lease, the charity has taken on a smaller and more flexible office space. We are currently trialling a hybrid working model, with staff continuing to work predominately at home. This has enabled the charity to cut its office costs by 80%, freeing up more money for Peer Support services. The trustees are closely monitoring the evolving working patterns to ensure the arrangements serve the long-term interests of the charity.

We are half way through our Bipolar Commission

We formally launched our Bipolar Commission on 30 March 2021. The centrepiece of the Commission has been two patient surveys on diagnosis and post-diagnostic support, which have received over 3,000 responses. We have also conducted almost 50 evidence-gathering interviews with academics and clinicians in the UK, American and Scandinavia. The next phase will look at hospital care, bipolar and women and the economic impact of bipolar.

Channel by channel.

The year in numbers.

Peer Support Groups



No in-person groups could happen during the period because of Covid-19.

On average, we held **35 ONLINE GROUPS PER MONTH** throughout England, Wales and Northern Ireland. The reduction over the year was due to the natural closure of groups and the decision to focus on improving the quality of existing groups before opening new ones. we have, however, introduced themed support groups specifically for women, young people and work and learning.



The overall reported attendance has dropped to just below **2,000** compared to **5,734** in 2019/20. This is due to the logistical challenges of getting people online.



We trained and supported over **100 VOLUNTEER CO-FACILITATORS** who are either living with bipolar or are close to people with bipolar. This is half our pre-pandemic level but we have an ambition over the next two years to get back up to 200. Over 30 individuals applied for volunteer roles in autumn 2021 giving hope we can return to normal quickly.

We also ran self-management webinars with the National Centre for Mental Health at Cardiff University which were attended by 265 people. This will hopefully form the basis of future online self-management courses.

Peer Callback and Email Service



During 2020/21, we delivered **OVER 3,602 INCIDENTS OF SUPPORT**, responding to 1,404 calls and 2,198 emails over the year. We helped thousands of people speak to someone else with lived experience, often for the first time.



Since lockdown in March 2021, there has been a slight dip in the number of people we've supported. This is mainly due to our reduced staff and volunteer capacity. Even so, the charity still responded to **538 CALLS** and **1,154 EMAILS** from April to August 2021.

To support these services, we also pioneered a new online booking system for our Peer Support call-back service using our chatbot. This provides greater convenience and accessibility.

The eCommunity



Our eCommunity is a moderated online forum for everyone affected by bipolar. It **GREW FROM 4,883 TO 8,761 USERS** over the course of the year, with over 1,911,470 pages viewed. With 997,835 pages viewed in the first 7 months alone in 2021/22.



Since March 2020, the eCommunity has gone from strength to strength with **3,878 JOINING** in 2020/21 and another 2,615 members joined between the start of April and the end of October 2021.

Promoting the eCommunity will be a priority in the latter part of 2021 and 2022. Campaigns on Facebook and in print media will help to raise awareness of the community amongst other people affected by bipolar.

What we found.

Bipolar diagnosis matters.

The Bipolar Commission was launched in March 2021 with two aims: to improve the quality of services and reduce the rate of suicide and for people living with bipolar in the UK.

Why? **1 in 20 people who take their own life in the UK have a diagnosis of bipolar**¹. And this figure is likely to be a huge underestimate as it excludes people with bipolar who are undiagnosed or misdiagnosed, two factors that increase the risk of suicide.

The report also aims to provide hope: **with the correct treatment and support, it is possible to live well with bipolar**.

The Bipolar Commission brought together 22 Commissioners with academic, clinical, policy and lived-experience expertise to identify and review evidence on the current services and quality of life for people living with bipolar.

The research involved:

- a thorough literature review
- stakeholder and patient interviews
- a series of online surveys

This first report focuses on what bipolar is and what causes it and provides vital insights into the bipolar community’s experiences of getting a diagnosis.

Over a million people in the UK have bipolar. The most comprehensive prevalence data is from the Adult Psychiatric Morbidity Study (APMS) in 2014, which found that 2% of the UK population aged 16 and above were living with bipolar².

Bipolar disorder is a severe mental illness characterised by extreme experiences of mood. These moods go far beyond most people’s everyday experiences of feeling a bit down or happy. At the extreme ends of the scale, manic highs and depressive lows can be incredibly destructive:

Mania	Reckless decision-making, rapid uncontrollable thought patterns and hallucinations
Hypomania	Less severe than mania; often very productive and energetic but also unusually irritable
Severe depression	Low energy, not leaving the house for months and, tragically, sometimes suicide
Mixed state	A combination of mania and depression called a ‘mixed affective state’ or ‘agitated depression’: this can be very serious and is a particular risk factor for suicide

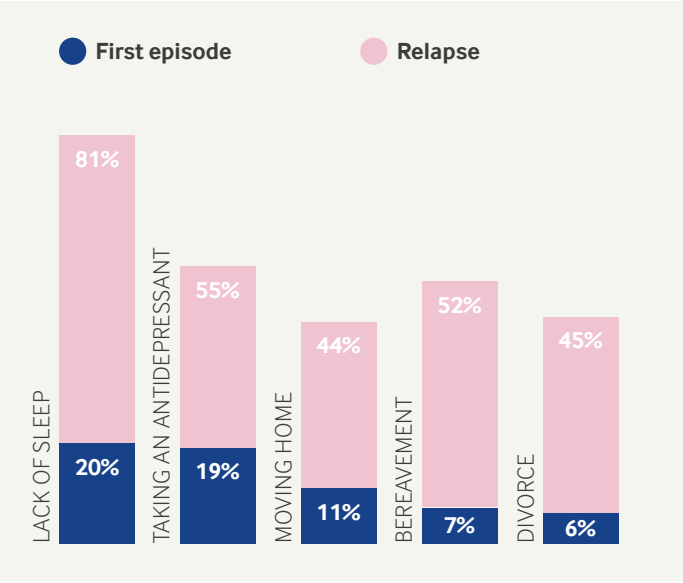
Yet with effective treatment and support it is possible for people with bipolar to live well.

1. Plans, L., et al. "Association between completed suicide and bipolar disorder: a systematic review of the literature." *Journal of affective disorders* 242 (2019): 111-122.

2. It conducted a survey of 7,076 people using the Mood Disorder Questionnaire (MDQ) – see appendix 1 (Demographic information). The questionnaire describes 13 manic symptoms. If respondent had experienced 7 or more symptoms at the same time and that caused them problems then they were considered to have bipolar.

Bipolar is a predominately genetic condition. If a twin has bipolar, their identical sibling has a 70% chance of developing the condition³.

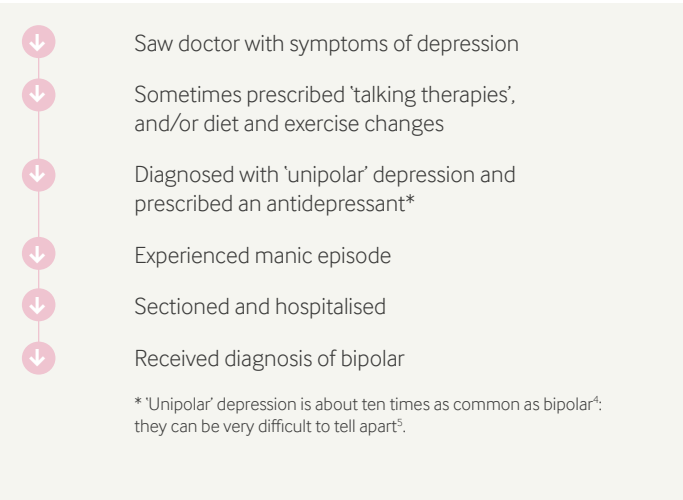
A number of environmental factors can trigger the first episode or, post-diagnosis, a relapse:



1 in 5 people told us so-called positive things like getting a promotion at work, getting married, starting a new relationship or even going on holiday, had been major triggers

19% of people said that taking antidepressants triggered a first episode

This reflects what our bipolar community tell us is a common pathway to diagnosis:



5. De Almeida, J. R. C. & Phillips, M. L. (2013). Distinguishing between unipolar depression and bipolar depression: current and future clinical and neuroimaging perspectives. *Biological psychiatry*, 73(2), 111-118.

This chimes with an academic study reviewed by the Commission that found **around 10%** of UK primary care patients prescribed antidepressants for depression or anxiety have undiagnosed bipolar disorder⁶.

However, getting a diagnosis of bipolar isn’t straightforward because there are no physical tests for bipolar unlike other conditions, such as diabetes (diagnosed by blood test) or a stroke (diagnosed by brain scan). It does not show up on a brain scan. Instead, the diagnosis of bipolar depends on specific and sudden changes in mood and behaviour, not otherwise explained by something else (for example, drug or alcohol misuse or a thyroid problem). These changes may be puzzling at the time and their significance may only be evident in retrospect.

The APMS estimated that 44% of people with bipolar have a diagnosis, (though it was calculated using a small sample size). Our survey results found many respondents had a previous diagnosis, eg:

Nearly 70% had a previous diagnosis of depression

21.4% had a previous diagnosis of an anxiety disorder

2.8% had a previous diagnosis of schizophrenia

There was an **average delay of 9.5 years** between people first contacting a health professional about symptoms and getting an accurate diagnosis of bipolar.

60% of people said this delay had a significant impact on their life.

“For years I took antidepressants but still struggled with low moods. And at times I was spending too much, irritable and angry.” **AT**

“I was diagnosed with depression and given antidepressants. Four months later I had climbed to the heights of mania and was sectioned. That experience irreparably damaged relationships and left me broke.” **GW**

6. Hughes, Tom, et al. "Unrecognised bipolar disorder among UK primary care patients prescribed antidepressants: an observational study." *British Journal of General Practice* 66.643 (2016): e71-e77

Bipolar diagnosis matters

Respondents accessed the survey through our website, newsletter, eCommunity or social media which means they are engaged with our services to some extent and may not be representative of the wider population/ people with bipolar in general.

Nevertheless, the vast majority of people welcomed a diagnosis:

2.6%	didn't want to get a diagnosis
83.9%	found diagnosis either helpful or very helpful
80.5%	felt diagnosis gave an explanation for their past experiences
68%	felt diagnosis enabled them to get better medication
47%	found diagnosis helped them be better understood, despite the stigma

A diagnosis is the beginning of a new chapter. With effective treatment, support and self-management it is possible to live well with bipolar.

The shorter the delay in diagnosis, the sooner someone can empower themselves with effective self-management and foster a positive circle with fewer relapses in both the short and long-term.

Self-management includes:

- access and good adherence to a range of medication
- access to specialised psychological therapies
- helpful lifestyle choices (good sleep, routine, diet, exercise)
- support from healthcare team and family/friends
- avoidance of triggers where possible

All of these protective factors are only possible if someone has a diagnosis of bipolar. Yet only 48% of respondents received any advice about lifestyle changes that would reduce risk of relapse and only 36% were signposted to psychological therapies. **This is the equivalent of someone who has a high risk of lung disease not being told to give up smoking.**

Given that someone with bipolar is 20 times more likely to take their own life than someone without bipolar, these findings are extremely worrying and require urgent attention.

“When I first experienced a slide over a number of weeks into depression, my mind seemed to focus exclusively on ways to take my life.” **GW**

The full Bipolar Commission report due to be released in March 2022 will put forward **recommendations** to:

- 1 Make it easier and quicker for someone with bipolar to get a diagnosis
- 2 Improve access to specialist treatment for people with bipolar
- 3 Develop an evidence-based online screening tool for bipolarity to prompt someone to seek assessment from a healthcare professional
- 4 Fund more research into bipolar, including genetics and its ethical implications
- 5 Improve awareness of proven self-management techniques
- 6 Change the narrative around the public perception of bipolar to reduce stigma and encourage understanding

Rebuilding after the pandemic. Our response.

Following the announcement of a UK-wide lockdown at the end of our last financial year in March 2020, the charity had to make some rapid decisions about its services and programmes. The pandemic had a profound impact on our community, our services and the finances of the charity. This was our response:

We are expanding sustainably

Bipolar UK received a series of unexpected Covid-19 response grants, which enabled the charity to cover its charitable activities. This combined with lower spend in the first quarter of the pandemic meant the charity could use unrestricted income to deliver a large surplus.

Given the financial history of the charity, the trustees decided to use the surplus to increase unrestricted reserves to 12 months. As income has continued to increase in 2021 the charity has significantly increased spend to meet the growing demand within the community. This includes taking on additional Peer Support Officers to increase the number of groups and expanding telephone and call-back coverage.

Leading the civil society response to bipolar that blends digital and in-person

The early findings of the Bipolar Commission have confirmed that people living with bipolar continue to get a raw deal with the health service. It is therefore down to Bipolar UK to lead a civil society response to the crisis facing individuals and families in our community.

We have formed a corporate partnership with the Access Group to transform digital services for people living with bipolar. This involves expanding our call-back service and developing new online self-management learning tool kits.

We are also working with Rotary Great Britain and Ireland to improve our procedures for in-person support groups and to develop a plan to get an in-person group in every local authority area in the country.

Our ambition is to ensure everyone affected by bipolar in the UK has access to excellent self-management advice and is within a 45-minute journey time of an in-person group.

“I’ve been coming to the support meetings for five years and they keep me afloat. They make me feel I’m not alone in living with this condition.” **OB**

Reducing the diagnosis delay

The research has identified a huge delay in diagnosis, with people waiting on average 9.5 years between going to see a clinician about bipolar symptoms and getting a diagnosis. This is having a devastating impact on peoples’ lives (as explained on page 13).

To overcome that Bipolar UK has worked with a volunteer with lived experience to develop our Mood Tracker app. This includes basic tools to help people understand symptoms and to keep track of them ahead of GP visits. There have been over 2200 downloads so far – and the feedback has been overwhelmingly positive. Here are just three of the comments posted by users on Facebook:

“It’s a great app. Really quick and easy to use and I love the notes section.”

“Thank you. Finally a bipolar-friendly mood tracker.”

“I think the app is brilliant. Well done.”

We have also launched a petition via Change.org asking for ‘faster bipolar diagnosis to help save lives’. After only four weeks we have over 8000 signatures. When we reach 10,000 we will approach key decision makers with the Bipolar Commission’s report outlining its early findings.

“I am signing because it took 60 years to get my bipolar diagnosed and be given the correct medication – which works!” **RG**

Looking forward to 2022.

Growing our community.

Our aim for 2022 is simple:
to rebuild following the pandemic.

The following service delivery targets will help us to achieve this.



- 01

Maximise our corporate partnership with the Access Group to improve our digital resources and to work with partners to get a support group in each community in the country.
- 02

Re-open our in-person groups and raise money to pilot self-management courses.
- 03

Bed down new ways of working, ensuring the charity makes the most of hybrid working.
- 04

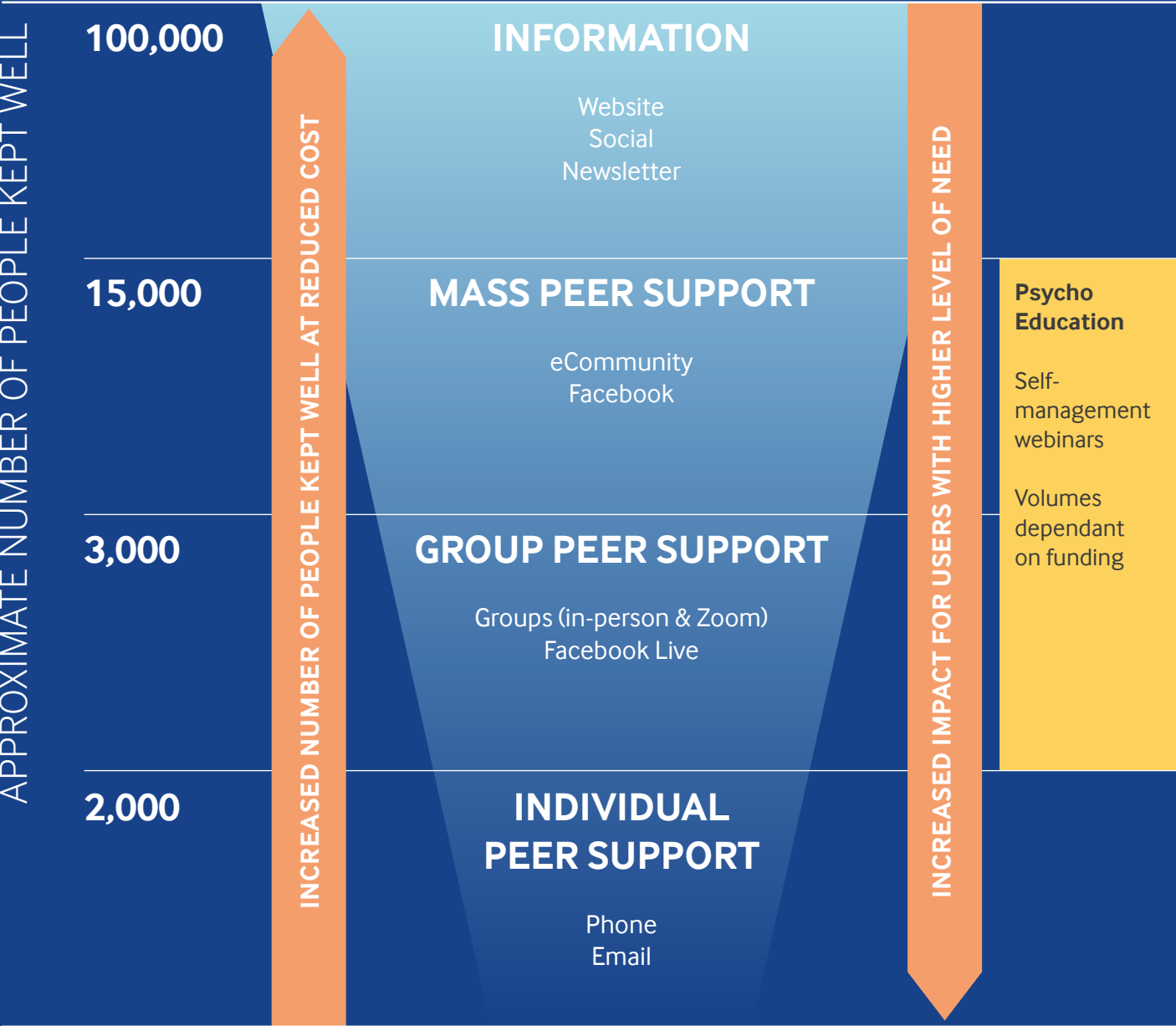
Complete our Bipolar Commission and lead a campaign on earlier diagnosis so people don't have to wait almost a decade.

The difference we make.

Our extensive 2020 evaluation by Fiveways provided us with clear data on how our social media channels and website are playing a far larger part in the charity's role in keeping people well than we previously thought. These findings provide vital insights into the relative merits of scalability and intensity of support and allows the charity to make more informed decisions about how to grow services to have biggest impact.

The diagram below is an example of the future delivery model. The blue triangle denotes the core service offer, with additional services able to be added into the model if funded – such as psycho-education, which appears to sit somewhere alongside the mass and group peer support.

The principle is that the information services have the widest reach and are the cheapest to deliver but are likely to have less impact on those with the greatest needs. The more impactful the service the more expensive, and therefore the fewer people it will reach.



Our charity

Those who make the difference. Our staff, volunteers and supporters.

None of what you've just read – the impactful services and support delivered in such trying times – would be possible without the hard work, dedication and humanity of our staff, volunteers and supporters.



In particular, our volunteers have played a leading role in sustaining and driving the charity and its community. This includes 100 volunteers who deliver services locally in England, Wales and Northern Ireland.

Indeed, our board itself is made up of 13 volunteer trustees, most of whom have a bipolar diagnosis or who are directly affected by bipolar in their family.

**These people are at the heart of
our charity and our community.**

Structure, governance and management.

How we operate.

The Board of Trustees is legally responsible for the strategic direction of the charity. It meets every three months and is supported by the Finance Committee chaired by our Treasurer, which meets on a quarterly basis between Board meetings.

Recruitment and Appointment of Trustees

Trustees are recruited through a combination of national advertisements and personal introductions to ensure specific skill sets are obtained. During the previous year Mohini Morris stepped down as Vice-Chair and was replaced by Nadia Silver in March 2021. There were no other changes during 2020/21.

Trustees have estimated that the level of free reserves required to mitigate against the identifiable risks is between £750,000 and £1,000,000 at 31 March 2021.

Senior Management Team

The trustees delegate the day-to-day operations of the charity to the Chief Executive and the Senior Management Team (SMT). The trustees have worked with the SMT to produce Board papers to guide the ongoing development of the charity. Responsibility for the implementation of the papers is delegated to the SMT through Action Logs which are updated and reported on quarterly.

Public Benefit

Bipolar UK exists to serve the public and ensure that individuals and families affected by the much-misunderstood illness can benefit from our support. Our evaluation showed that we support 907 people with bipolar to stay well every month. The Board of Trustees understand the requirements as set out in Section 17 of the Charities Act 2011 and believe Bipolar UK completely satisfies all guidance issued by the charity commission with regard to public benefit.

Risk Management

The senior management team and trustees work together to analyse and address the major risks to the charity. This is collated into a Risk Register which is regularly updated by the CEO and a designated Trustee. This includes the assessment of external factors, governance, financial, information technology and operational risks. The Risk Register is reviewed by the full Board during the year.

Reserves Policy

In 31 March 2021 the charity held total reserves of £1,003,649 (2019: £524,822) of which £184,380 was restricted (2019: £140,306) and £7,997 held as designated funds (2019: £7,997).

Reserves are held to provide against any future income shortfall, fulfil working capital requirements and allow funds to be available to support service developments within the approved annual budget.

The Board of Trustees aspires to hold free reserves equivalent to between nine and twelve months unrestricted expenditure at any point in time, with a minimum of three months held in cash. 'Free reserves' are defined as unrestricted reserves, exclusive of fixed assets, and determined on the basis of average monthly expenditure for 12 months ahead.

In determining an appropriate level of free reserves, the Trustees have identified the key risks and uncertainties facing the charity and seek to provide free reserves sufficient to mitigate those risks. In particular:

- Dependence on voluntary donations and grants for the charity's income and less than 10% of that income committed on a multi-year basis
- Unexpected liabilities, outside of budgeted contingencies
- Fluctuations in timing of cash flows which might result in inability to pay staff and suppliers
- Events having a major negative reputational effect on the charity
- Time and expense involved in finding replacement funding or cutting costs if targets or funding commitments are not met or other risks materialise.

Based on the above assessment, and mindful of the need for the charity to be able to sustain its core services, the Trustees have estimated that the level of free reserves required to mitigate against the identifiable risks is between £750,000 and £1,000,000 at 31 March 2020. Free reserves at the balance sheet date are £811,272 and therefore the current level of reserves is within the band considered sufficient to cover the risks the charity is exposed to. Maintaining reserves at least that level is regarded as a priority for the next financial year.

Beyond the current financial period, the Trustees' longer-term aim is to ensure continued and relevant support for individuals affected by bipolar, whilst a need exists. Should unrestricted reserves exceed the upper limit of twelve months, it is the Trustees' intention these funds are invested to generate additional income and promote sustainability of the charity, pending application to sustainable service developments. The Trustees' policy on reserves is subject to an annual review by Finance Committee and formal approval by the Board every two years or following a substantive change.

Sector review.

Challenging times.

The major risks for Bipolar UK reflect those of many small charities experiencing rising demand for their services within a challenging and uncertain fundraising environment.

Our risk register identifies the following key challenges:

- Unable to raise enough money to meet budget targets
- Ensuring the impact of the Bipolar Commission
- Demand for the charity's services exceeds our capacity
- The charity fails to comply with UK charity law or there is a data breach which results in sanctions
- Risk that Ways of Working project produces an outcome that has an adverse impact on operations and / or staff
- A major safeguarding incident that we fail to protect people from
- Risk that the charity's use of digital / social media damages the charity's reputation, for example an inelegantly worded tweet could create a backlash / social media storm
- Risk that key staff leave or are on long-term sickness absence (for example, due to work-related stress), resulting in impaired ability to deliver key services and critical knowledge being lost.

Risk register

In line with Charity Commission guidance, the risk register incorporates a matrix format which allows identified risks to be rated according to their likelihood and impact, with a higher weighting given to impact.

All identified risks are reviewed, with mitigating strategies then put in place to reduce the risk as far as possible. Activities with a high-risk rating are automatically prioritised.

The mitigating strategies for our identified risks include:

- The submission of multiple grant applications for services, applications for multi-year grants, cautious budgeting and substantial reserves
- Additional oversight of the charity's finances through the finance subcommittee
- Seeking to maintain and build upon Bipolar UK's public profile as the UK's only charity focussed solely on bipolar disorder and seeking to influence the wider sector through the Bipolar Commission
- Implementing service models that are scalable – building on the findings of the evaluation that good content on the website is the most cost-effective route to empower more people affected by bipolar
- Ensuring that there continues to be legal expertise on the Board
- Ensuring staff have the equipment needed to work from home and ensure regular contact with colleagues through virtual meetings
- Continuing to have an on-duty safeguarding lead to ensure that all incidents are appropriately handled
- Ensuring all external communications have 'two eyes' on them to sense check
- Maintain a healthy remuneration and wider work package that encourages staff to stay.

Financial review.

Resilient. Responsible.

Pre-pandemic we forecast £690,730 income and budgeted for £846,532 expenditure. The deficit was primarily due to higher spend on the Bipolar Commission. Bipolar UK has had a stronger financial year due to both higher than anticipated income at £1,182,345 and lower than expected costs at £703,518. This was mostly due to higher than expected grant income, from the Covid-19 response grants and lower spend due to furlough and the delayed start of the Commission.

The external environment for charities continues to be difficult, with pressures on fundraising and reputation, and an increased level of requirements in relation to compliance. Small and medium-sized charities are closing frequently. Bipolar UK cannot do everything that we would like it to, and the trustees believe that the charity must continue to be cautious to remain sustainable.

Learning from recent experiences, the trustees are keen to maintain the positive financial situation of the charity. The staff are proposing a realistic core expenditure budget of £700,000 for 2021/22. This allows the charity to take on more fundraising and service staff. The charity will also be spending an extra £80,000 to deliver the one-off Bipolar Commission.

Statement of Trustees’ Responsibilities

The trustees are responsible for preparing the Trustees’ Report and the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company of that year.

In preparing these accounts, the trustees are required to:

- Select suitable accounting policies and apply them consistently
- Observe the methods and principles of the Charities SORP
- Make judgements and estimates that are reasonable and prudent
- Prepare the accounts on a going concern basis unless it is inappropriate to presume that the charity will continue to operate.

The trustees are responsible for keeping accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with

the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Disclosure of information to auditors

Each of the directors has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are aware of such information.

Fundraising Disclosure

Bipolar UK’s fundraising activities delivered against all their objectives. The charity undertook two mailing and digital appeals which raised more money than usual - overall donations were up 22% on the previous financial year. Trust and Commissioned income fundraising were particularly strong increasing by 65%.

The charity employs contractors as well as salaried staff to fundraise. Contractors are used to provide both expertise and extra capacity. When fundraising for the charity, contractors are fully integrated into the team and all their communications to supporters are approved and monitored.

In addition, the charity works to ensure that contractors understand the subject area well enough to communicate its objectives and funding needs to supporters. In turn, contractors work to train staff and support strategic development in fundraising to aid the long-term sustainability of income streams.

The charity logged four complaints about its fundraising in 2020/21. These were directly related to the two mailings, in particular: 1) letters sent to people who were deceased; 2) asks about how the charity got their new address; 3) including the word bipolar on the outer envelope, which might disclose a diagnosis.

All complaints were responded to with explanations. Future mailings also removed reference to bipolar in the outer envelope.

To protect vulnerable people the charity maintains an ethical fundraising policy which insists on a strict delineation between its services and fundraising databases and won’t accept donations from individuals who are thought to lack capacity. The charity is a member of the Fundraising Regulator and abides by its standards.

In preparing this report, the trustees have taken advantage of the exemptions available to small companies (including the exemption from preparing a strategic report).

On behalf of the board of trustees,

Guy Paisner
Chair of Trustees
Date: 11/12/2021



I sat down and listened and introduced myself. I shared my experience of a time that I was feeling invincible and on top of the world. I was on a long drive on busy main roads and I believed I was controlling the flow, speed, traffic lights and pace of all of the traffic... that the only reason the roads were flowing so effortlessly was because of me. I looked around and was met with a circle of nodding faces. I just couldn’t believe it, these amazing humans got me! I felt a huge weight lift from me, along with a lifting of shame, embarrassment, and fear of being judged. I realised I wasn’t a bad person. I wasn’t alone!

EB describes her first Peer Support Group meeting

Independent auditors’ report to the members of Bipolar UK.

Opinion

We have audited the financial statements of Bipolar UK for the year ended 31 March 2021 which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company’s affairs as at 31 March 2021 and of the charitable company’s net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the financial statements section of our report. We are independent of the Charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees’ use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the CEO Statement and the Trustees’ Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the CEO Statement and the Trustees’ Report (which includes the directors’ report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors’ report included within the CEO Statement and the Trustees’ Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the CEO Statement and the Trustees’ Report (which incorporates the directors’ report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or

- certain disclosures of trustees’ remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies’ regime and take advantage of the small companies’ exemptions in preparing the trustees’ report and from the requirement to prepare a strategic report.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees’ responsibilities statement set out on page 22, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the regulatory requirements of the Charity Commission, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, the Charities Act 2011, and payroll taxes.

We evaluated management’s incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to the posting of journal entries and management bias in making accounting judgements and estimates. Audit procedures performed by the engagement team included:

- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management’s controls designed to prevent and detect irregularities;
- Reviewing minutes of Trustee meetings during the year;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates.

Use of our report

This report is made solely to the charitable company’s members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company’s members those matters we are required to state to them in an Auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company’s members, as a body, for our audit work, for this report, or for the opinions we have formed.

Adam Halsey
(Senior Statutory Auditor)
Date: TBC 2021

for and on behalf of
Haysmacintyre LLP Statutory Auditors
10 Queen Street Place,
London, EC4R 1AG

Statement of financial activities.

For the year ended 31 March 2021.

(including income & expenditure account)

	Notes	Unrestricted funds £	Designated funds £	Restricted funds £	Total 2021 £	Total 2020 £
INCOME AND ENDOWMENTS FROM:						
Donations and legacies						
Grants		220,617	—	343,497	564,114	340,855
CJRS income		20,577	—	—	20,577	
Donations	3	292,972	—	8,815	301,787	246,560
Legacies		67,267	—	—	67,267	72,417
Charitable activities	2	23,777	—	204,809	228,586	45,601
Investments		14	—	—	14	107
Total income		625,224	—	557,121	1,182,345	705,540
EXPENDITURE ON:						
Raising funds		167,209	—	—	167,209	145,596
Net income available for charitable expenditure		458,015	—	557,121	1,015,136	559,944
Charitable activities	4	36,596	—	499,713	536,309	476,715
Total expenditure	4	203,805	—	499,713	703,518	622,311
Net income/(expenditure)		421,419	—	57,408	478,827	83,229
Transfers between funds		13,334	—	(13,334)	—	—
Net movement in funds		434,753	—	44,074	478,827	83,229
Fund balance at 1 April 2020		376,519	7,997	140,306	524,822	441,593
Fund balance at 31 March 2021		811,272	7,997	184,380	1,003,649	524,822

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

Balance sheet.

At 31 March 2021.

	Notes	2021 (£)	2020 (£)
FIXED ASSETS			
Intangible assets	8	27,420	18,016
Tangible assets	9	12,071	226
		39,491	18,242
CURRENT ASSETS			
Debtors	10	117,035	121,300
Cash at bank and in hand		1,037,847	600,426
		1,154,882	721,726
Creditors: amounts falling due within one year	11	(190,724)	(215,146)
Net current assets		964,158	506,580
Net assets		1,003,649	524,822
RESTRICTED FUNDS			
	12	184,380	140,306
UNRESTRICTED FUNDS			
Designated funds: Support groups		7,997	7,997
Other charitable funds		811,272	374,519
		1,003,649	524,822

The financial statements were approved and authorised for issue by the Board of Trustees on December 2020 and signed on their behalf by:

Guy Paisner
Chair of Trustees
Date: 11/12/2021

Statement of cash flows.

For the year ended 31 March 2021.

	2021 (£)	2020 (£)
OPERATING ACTIVITIES		
Net (expenditure)/income for the year	478,827	83,229
Depreciation and amortisation	6,077	14,886
Investment income	(14)	(107)
Decrease/(increase) in debtors	4,265	(49,204)
(Decrease)/increase in creditors	(24,422)	180,686
Net cash from operating activities	464,733	229,490
INVESTING ACTIVITIES		
Investment income received	14	107
Purchase of intangible fixed assets	(27,326)	(22,860)
	(27,312)	(22,753)
Net movement in cash and cash equivalents	437,421	206,737
Cash and cash equivalents at 1 April	600,426	393,689
Cash and cash equivalents at 31 March	1,037,847	600,426
Cash and cash equivalents comprise		
Cash at bank and in hand	1,037,847	600,426

Notes to the financial statements.

For the year ended 31 March 2021.

1. Accounting Policies

General information

Bipolar UK Limited is a company limited by guarantee registered in England and Wales (company number: 01955570) and a registered charity (charity number: 293340). Its registered office is 32 Cubitt Street, London WC1X 0LR.

Basis of preparation

The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP) for Charities 2019, the Companies Act 2006 and applicable accounting standards (FRS102). The charity is a Public Benefit Entity as defined by FRS102.

The principal accounting policies and estimation techniques are as follows:

Going concern

Through Board meetings, Finance Committee’s and Risk Register Reviews, the trustees have considered the impact of COVID-19 on the Charity’s activities and finances and consider that there are no material uncertainties regarding the charitable company’s ability to continue as a going concern. These financial statements have therefore been prepared on this basis.

Income

Income is recognised when the charity has entitlement, when the amount can be measured with sufficient reliability and when receipt is probable.

Grant income is recognised in accordance with the terms of the grant and when the conditions of receipt have been complied with.

Legacy income is recognised when probate has been granted, receipt is judged to be probable, and the value can be measured with sufficient reliability.

Gifts in kind are recognised upon receipt at their estimated financial value to the charity.

Income received through the coronavirus job retention scheme is recognised when the associated staff costs are incurred.

Expenditure

Expenditure is recognised when the related liability is incurred.

Charitable activity costs comprise expenditure, including staff costs, directly attributable to each activity. Where costs cannot be directly attributed they have been allocated to activities on a cost-incurred basis.

Support costs have been allocated to each activity based on staff numbers employed in that activity (or on staff time spent on that activity). Governance costs are included within support costs and relate to the management of the charity’s assets, organisational administration and compliance with constitutional and statutory requirements.

Expenditure on raising funds comprises costs incurred in encouraging people and organisations to support financially the charity’s work. These include the costs of advertising, publicity and of the staging of fund raising events.

Payments in relation to the termination of employment are recognised when the relevant decision-making process has been completed and communicated to all affected parties.

Intangible fixed assets

Intangible fixed assets are measured initially at their purchase cost. Assets under £1,000 are written off to the SOFA. Amortisation is provided at rates calculated to write of the cost less estimated residual value of each asset over its expected useful life, as follows:

Computer software – straight line basis (over five years)

Tangible fixed assets and depreciation

Tangible fixed assets are measured initially at their purchase cost. Assets under £1,000 are written off to the SOFA. Depreciation is provided at rates calculated to write of the cost less estimated residual value of each asset over its expected useful life, as follows:

Computer and office equipment – straight line basis (over three to five years)

Financial instruments – assets and liabilities

The charity only enters into basic financial instruments transactions that result in the recognition of financial assets and liabilities like trade and other accounts receivable and payable. These balances are disclosed in notes 9 and 10 respectively.

Cash and cash equivalents

Cash and cash equivalents includes cash in hand and deposits held at banks.

Debtors and creditors

Debtors and creditors are recorded at the transaction price. Any losses arising from impairment, including bad debts, are recognised in the Statement of Financial Activities.

Stock

In addition to producing our own information, Bipolar UK purchases publications and other materials for resale. Stocks represent the value of such goods held at the year end at the lower cost and net realisable value.

Pensions

Contributions were paid on behalf of employees into their personal pension schemes and are charged to the Statement of Financial Activities in the year in which they become payable. No further liabilities accrue to the charity other than these payments.

Accumulated funds

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the accounts.

Designated funds comprise funds which have been set aside at the discretion of the Members of the Board of Trustees for specific purposes. The purposes and uses of the designated funds are set out in the notes to the accounts.

Significant judgements

In preparing these financial statements, management has made judgements in the application of the charity’s accounting policies which affect the amounts recognised in the financial statements. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Key areas subject to judgement and estimation are as follows:

Legacy income

Judgement is applied in the consideration of the likelihood of receipt and reliability of measurement of amounts receivable in respect of legacies to which the charity has established entitlement at the balance sheet date. Subsequent events are monitored to identify those which give additional information about conditions as at the balance sheet date which would warrant adjustment to the financial statements.

2. Income from charitable activities – commissioned services

	Unrestricted funds (£)	Restricted funds (£)	Total 2021 (£)	Total 2020 (£)
2021				
Commissioned services	22,307	204,809	227,116	36,302
Other income	1,470	—	1,470	11,037
Total	23,777	204,809	228,586	47,339
2020				
Commissioned services	500	35,802	—	36,302
Other income	11,037	—	—	11,037
Total	11,537	35,802	—	47,339

3. Gifts in kind

Bipolar UK didn’t receive any gifts in kind in 2020/21.

4. Total expenditure

	Staff Costs (£)	Depreciation & amortisation (£)	Other Costs (£)	Total 2021 (£)	Total 2020 (£)
2021					
Raising funds	81,032	119	86,058	167,209	145,596
Charitable Activities					
Service (Direct Costs)	287,729	1,698	133,761	423,188	383,919
Support costs	82,131	4,241	26,749	113,121	92,796
Total	369,860	5,939	160,510	536,309	476,715
Total expenditure	450,892	6,058	246,568	703,518	622,311
2020					
Raising funds	100,506	6,868	38,222	—	145,596
Charitable Activities					
Service (Direct Costs)	219,108	7,734	157,077	—	383,919
Support costs	57,569	284	34,943	—	92,796
Total	276,677	8,018	192,020	—	476,715
Total expenditure	377,183	14,886	230,242	—	622,311

Support costs include Governance costs, which incorporate audit fees, board meeting venue costs and trustees out of pocket travel and subsistence expenses. Support costs are allocated on the amount of time spent on the relevant services.

5. Services (including support costs)

	Staff Costs (£)	Depreciation & amortisation (£)	Other Costs (£)	Total 2021 (£)	Total 2020 (£)
2021					
Phone and Email Support	80,483	196	19,051	99,730	87,074
Peer Support Groups	117,207	5,044	62,095	184,346	167,190
E-Community	83,042	—	28,056	111,098	97,608
Employment Support	32,857	479	9,834	43,170	45,928
Policy and Research	56,271	220	41,474	97,965	78,915
Total services	369,860	5,939	160,510	536,309	476,715
2020					
Phone and Email Support	53,543	2,733	30,798	—	87,074
Peer Support Groups	102,367	1,460	63,363	—	167,190
E-Community	58,643	1,397	37,568	—	97,608
Employment Support	31,971	151	13,806	—	45,928
Policy and Research	30,153	2,277	46,485	—	78,915
Total services	276,677	8,018	192,020	—	476,715

6. Net income / (expenditure)

	Total 2021 (£)	Total 2020 (£)
NET INCOME/(EXPENDITURE) IS STATED AFTER CHARGING:		
Auditors' remuneration		
— for audit	9,000	8,300
Operating lease rentals		
— property	10,628	42,510
— office equipment	12,504	14,758
Depreciation of tangible assets	3,241	4,855
Amortisation of intangible assets	2,836	10,031

No member of the Board of Trustees (or any persons connected with them) received any remuneration or reimbursed expenses during the current year or the prior year.

7. Employees

	2021	2020
THE AVERAGE MONTHLY NUMBER OF EMPLOYEES DURING THE YEAR WAS:		
Charity Management and Administration	2	1
Peer Support Groups	3	3
Phone and Email Support	2	1
E-Community	2	2
Fundraising	3	2
Employment Support	1	1
Total number	14	10
STAFF COSTS (£)		
Wages and salaries	403,206	319,325
Social security costs	27,424	28,780
Employer pension contributions	14,780	11,310
Agency staff	5,482	17,768
Total	450,892	377,183

There are no termination payments included in wages and salaries above for 2021. (2020: ENil).

There was one employee whose annual remuneration was between £60,000 and £70,000 (2020: One employee who received annual remuneration above £60,000).

KEY MANAGEMENT COSTS (£)		
Gross salary	127,170	117,375
Employer's national insurance contributions	14,198	12,761
Pension contributions	5,245	4,850
London Weighting	600	600
Total	147,213	135,586

8. Intangible fixed assets

Computer software	
COST	
At 1 April 2020	47,539
Additions	12,240
At 31 March 2021	59,779
AMORTISATION	
At 1 April 2020	29,523
Charges for the year	2,836
At 31 March 2021	32,359
NET BOOK VALUE	
At 31 March 2021	27,420
At 31 March 2020	18,016

9. Tangible fixed assets

Computer software	
COST	
At 1 April 2020	92,292
Additions	15,086
At 31 March 2021	107,378
DEPRECIATION	
At 1 April 2020	92,066
Charges for the year	3,241
At 31 March 2021	95,307
NET BOOK VALUE	
At 31 March 2021	12,071
At 31 March 2020	226

10. Debtors

	2021	2020
Trade debtors	14,933	9,893
Prepayments and accrued income	102,102	111,407
Total	117,035	121,300

11. Creditors: amounts falling due within one year

	2021	2020
Trade creditors	27,013	15,791
Taxes and social security costs	1,861	8,751
Accruals	38,516	33,937
Deferred income	123,334	156,667
Total	190,724	215,146
DEFERRED INCOME		
Brought forward	156,667	—
Released in the year	(156,667)	—
Deferred in the year	123,334	156,667
Carried forward	190,724	156,667

Income is deferred when the trustees consider that the Charity had not fulfilled the criteria for recognising the income under Charity SORP at the year-end.

12. Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	— MOVEMENT IN FUNDS —				
	Balance at 1 April 2020(£)	Income (£)	Expenditure (£)	Transfers (£)	Balance at 31 March 2021 (£)
Peer Support Groups	50,296	108,565	(68,546)	—	90,315
Peer Support Services	48,326	424,070	(369,581)	(13,334)	89,481
Research and Policy	—	9,949	(9,949)	—	—
Phone and Email Support	4,584	8,844	(8,844)	—	4,584
Employment support	—	755	(755)	—	—
The eCommunity	37,100	4,938	(42,038)	—	—
Bipolar Commission	—	—	—	—	—
Total	140,306	557,121	(499,713)	(13,334)	184,380

Transfers out of restricted funds

The trustees have reconsidered the grant income received by the Charity in previous years and have concluded that a balance of £13,334 in the Peer Support Services fund at 1 April 2020 has no legal restrictions. A transfer out of this fund into general funds has therefore been made.

	Balance at 1 April 2019 (£)	Income (£)	Expenditure (£)	Transfers (£)	Balance at 31 March 2020 (£)
Peer Support Groups	42,017	60,323	(52,044)	—	50,296
Peer Support Services	35,528	128,734	(115,936)	—	48,326
Research and Policy	—	12,733	(12,733)	—	—
Phone and Email Support	29,666	6,030	(31,112)	—	4,584
Employment support	—	13,636	(13,636)	—	—
The eCommunity	33,904	55,650	(52,454)	—	37,100
Bipolar Commission	—	9,993	(9,993)	—	—
Total	141,115	287,099	(287,908)	—	140,306

13. Analysis of net assets between funds

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total (£)
FUND BALANCES AT 31 MARCH 2021 ARE REPRESENTED BY:				
Fixed assets	—	—	39,491	39,491
Net current assets	811,272	7,977	144,889	964,158
Total	811,272	7,997	184,380	1,003,649
FUND BALANCES AT 31 MARCH 2020 ARE REPRESENTED BY:				
Fixed assets	477	—	17,765	18,242
Net current assets	390,555	7,977	124,279	522,830
Total	391,032	7,997	142,044	541,072

14. Operating lease commitments

At the 31 March 2021 the charity had commitments under operating leases as follows:

	Property 2021 (£)	Property 2020 (£)	Equipment 2021 (£)	Equipment 2020 (£)
Within one year	—	42,510	12,504	12,504
Two to five years	—	—	4,168	13,004
Total	—	42,510	16,672	25,508

15. Related party transactions

There were no related party transactions that require disclosure, other than the gifts in kind detailed in note 3.

16. Comparative statement of financial activities

	Unrestricted Funds (£)	Designated Funds (£)	Restricted Funds (£)	Total (£)
INCOME AND ENDOWMENTS FROM:				
Donations and legacies				
• Grants	97,530	—	243,325	340,855
• Donations	236,198	652	9,710	246,560
• Legacies	72,417	-	-	72,417
Charitable activities	11,537	-	34,064	45,601
Investments	107	-	-	107
Total income	417,789	652	287,099	705,540
EXPENDITURE ON:				
Raising funds	145,596	—	—	145,596
Net income available for charitable expenditure	272,193	652	287,099	559,944
Charitable activities	186,945	1,862	287,908	476,715
Total expenditure	332,541	1,862	287,908	622,311
Net income/(expenditure)	85,248	(1,210)	(809)	83,229
Fund balance at 1 April 2019	291,271	9,207	141,115	441,593
Fund balance at 31 March 2020	376,519	7,997	140,306	524,822

Thank you.

We are only able to provide the life changing services we do because of the incredible generosity of our donors. Over the last year, people have given generously through Trusts, personal donations and wills.

All contributions are gratefully received. We would though like to say a particular thank you to the following organisations and individuals who have given over £2,000 and have not asked to remain anonymous. Because of you, we have improved the lives of tens of thousands of people affected by bipolar.

Adint Charitable Trust
Alice Ellen Cooper Dean Charitable Foundation
Barbour Foundation
Basil Samuel Charitable Trust
Berkshire Community Foundation
Big Lottery Wales
Big Lottery - Awards For All (England)
Big Lottery - Awards For All (Wales)
Big Lottery - Awards For All (Scotland)
Charles S French Charitable Trust
Cheshire Community Foundation
CAF Charitable Foundation
Cambridge Community Foundation
City of Westminster Charitable Trust
Comic Relief
Co-Op Community Foundation
Duchy of Lancaster Fund (Merseyside)
Eleanor Rathbone Charitable Trust
Essex Community Foundation
Evan Cornish Foundation
February Foundation
Garfield Weston Foundation
George A Moore Charitable Trust
Gordon Trust
Haberdasher's Company
Homelands Charitable Trust
Hull & E Riding Charitable Trust
London Community Response Foundation
Mary Kinross Charitable Trust
MIND
Northern Ireland Community Foundation
PF Charitable Trust
Pilkington General Charity
Porticus UK
Roger & Douglas Turner Trust
St James's Place Foundation
Sir Charles Jessel Charitable Trust
Sobell Foundation
Souter Charitable Trust
Sovereign Healthcare Trust
Surrey Community Foundation
Tamasin Little
Valentine Charitable Trust
Walter Guinness Charitable Trust
William Allen Young

CHARITY NAME:
Bipolar UK Ltd

REGISTERED CHARITY NO:
293340

COMPANY NO:
01955570

REGISTERED OFFICE:
32 Cubitt Street,
London WC1X 0LR

bipolaruk.org

