

## The case for a bipolar care pathway

Bipolar needs to be treated as seriously as other severe and life-limiting physical and mental health conditions.

The unique combination of manic and depressive symptom combined with complex medication management and lifestyle factors makes specialist care vital to successful outcomes.

Why is it not given as much investment and support as other long-term conditions?

“I want to be treated like an individual by someone who really understands bipolar. Not by different doctors every time who have only just skimmed through my notes.

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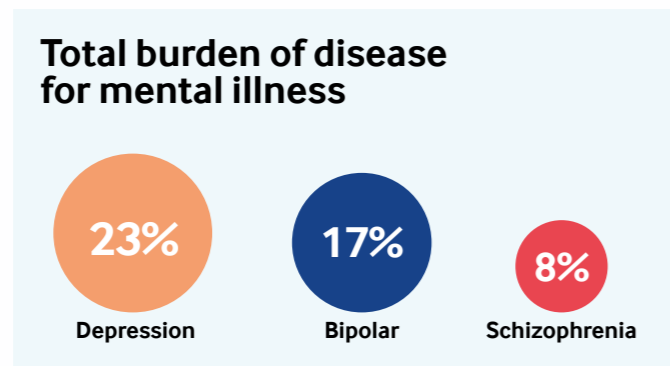
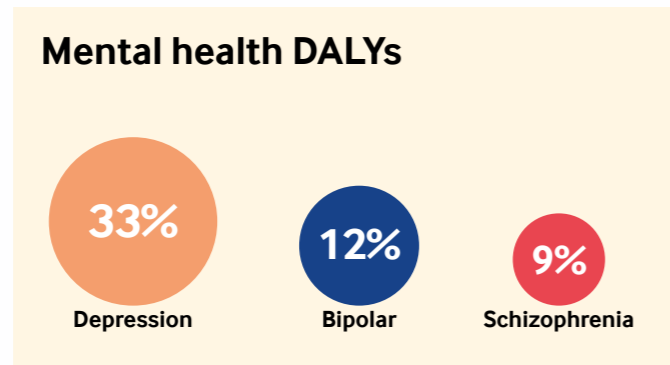
A holistic economic impact study by the London School of Economics for the Mental Health Foundation published in March 2022 revealed two facts that shine a light on the enormous burden of disease for bipolar.

### The impact on the individual

A DALY is a value attached to disability-adjusted life years - a measure of overall condition burden, expressed as the number of years lost due to ill-health, disability or early death. Bipolar accounted for 12% of mental health DALYs, compared to 33% for depression and 9% for schizophrenia.

### The impact on society

The total burden of disease for mental illness in the UK is £117.9 billion a year. Bipolar accounted for 17% (a massive £20 billion), compared to 23% for depression and 8% for schizophrenia.



To be clear, we agree that people with schizophrenia need and deserve their own dedicated care pathway. We are not asking for funds to be diverted from their services to fund ours. We are simply highlighting both the unfair disparity and that specialist services for complex mental health conditions work.

The NHS is already pouring costly resources into people with bipolar but systematically failing them. Episodic care is not working. GPs are overstretched. Treatment is delayed. Relapse rates are high. The burden of disease is high.

Many elements of an ideal service model already exist in pockets of excellence across the UK. The Bipolar Commission is calling for fair funding to roll them out. With the NHS on its knees, a dedicated bipolar care pathway makes sense economically both for individuals with the condition and society as a whole.

### Schizophrenia has its own dedicated Early Intervention in Psychosis care pathway. Bipolar doesn't. Yet...

- Twice the number of people have bipolar compared to the number of people with schizophrenia
- The overall condition burden of bipolar is 33% higher than the condition burden of schizophrenia
- The total burden of disease for bipolar is more than twice the burden of disease for schizophrenia
- Psychiatrists spend on average 23% of their time with patients with schizophrenia and 18% with patients with bipolar

Read the full report and previous reports from the Bipolar Commission: [www.bipolaruk.org/bipolarcommission](http://www.bipolaruk.org/bipolarcommission)

## Bipolar Minds Matter - Executive Summary

### Quicker diagnosis and specialist support for everyone with bipolar

Bipolar is a severe mental illness characterised by significant and sometimes extreme changes in mood and energy, which go far beyond most people's experiences of feeling a bit down or happy.

There are over one million people with bipolar in the UK — 30% more than those with dementia and twice as many as those with schizophrenia. Millions more are impacted through close friends and family.

Launched in March 2021, the goal of the Bipolar Commission is to achieve parity of healthcare services for people with bipolar.

**Bipolar costs the UK economy £20 billion a year**



### The delay in diagnosis is dangerous

It takes an average of 9.5 years to get a diagnosis of bipolar. 36% of our community told us they had attempted suicide because of the delay. This is backed up by research which shows that 'time to treatment' is significantly associated with hospitalisations and lifetime suicide attempts.

It is estimated that 56% of people with bipolar don't have a diagnosis and 60% of people with bipolar don't get any bipolar-specific treatment or support. Yet even once someone has a diagnosis, the current 'episodic care' model — where they have access to a GP but are only referred to a psychiatrist if they become unwell — isn't working.

### The burden of disease for bipolar

The Commission heard from many inspiring individuals who manage the condition well. We know it is possible for even the most unwell patient who's had multiple hospital admissions to make a recovery and live a full and successful life. And yet this is far from the norm.

According to a landmark study by the London School of Economics, bipolar costs the UK economy about £20 billion a year — 17% of the total burden of mental illness — and has an enormous impact on individuals, the NHS and society generally.

- Having bipolar increases the risk of suicide by 20 times and at least 5% of all suicides are by people living with bipolar
- Relapse rates are high — 98% of our community told us they had relapsed at least once and 52% had been hospitalised
- 44% of our community are clinically obese (over 50% more than the national average)
- People with bipolar live an estimated 10-15 years less than the average population, partly due to the higher rates of cardiovascular disease
- 15% of our community had lost their home because of their bipolar

### The case for specialist services

People with bipolar are asking for something very simple. A clinician who knows them, who is an expert in bipolar and who will work with them for years to manage the condition well.

This report puts forward the case for developing a dedicated care pathway so that people with bipolar can have access to specialist treatment and continuity of support over a lifetime. It is what both patients and doctors want and is proven to reduce relapse rates. It is cost neutral and makes sense on all levels — for the NHS, the individual, society and the economy.

The million people with bipolar in the UK deserve specialist treatment to reduce immeasurable suffering and lead to substantial savings in the long-term.

### The Bipolar Commission is calling for:

- ✓ Better understanding of bipolar in society
- ✓ Quicker diagnosis of bipolar
- ✓ All suicide prevention policies to include bipolar
- ✓ Access to specialist bipolar treatment and support
- ✓ Optimum bipolar medication management
- ✓ Investment to improve inpatient care significantly
- ✓ Fair funding for bipolar research and treatment (17%)
- ✓ Bipolar-appropriate NHS services

0-18      18      18.5      19      20      21      23      24      25      28      33      35      37      38-45      45      60      67      85

# Sliding Doors

