



# Services Evaluation

## Final report

*"I wouldn't have been able to have the life I do now if it wasn't for Bipolar UK, and the amazing people I have met. I owe my life to Bipolar UK and I know others feel the same."*

*"Thank you for constantly changing to the needs of society at the pace of that need. I am eternally grateful for the kindness and support that was shown to me at such a difficult time."*

October 2020

Fiveways 

## Contents

<b>Executive summary.....</b>	<b>1</b>
<b>1. Introduction and background .....</b>	<b>4</b>
1.1 Introduction.....	4
1.2 About the evaluation .....	4
<b>2. Methodology.....</b>	<b>5</b>
2.1 Overall approach .....	5
2.2 Online survey of Bipolar UK's users .....	5
2.3 Qualitative research .....	9
2.4 Previous research and other data .....	9
<b>3. Living with bipolar in 2020 .....</b>	<b>11</b>
<b>4. Bipolar UK's activities .....</b>	<b>15</b>
<b>5. Impact of Bipolar UK's activities .....</b>	<b>17</b>
5.1 All respondents living with bipolar.....	17
5.2 Friends and family .....	23
5.3 Attribution.....	25
5.4 Analysis by service and activity.....	26
<b>6. Fulfilling potential .....</b>	<b>34</b>
<b>7. The cost of keeping people well .....</b>	<b>38</b>
<b>8. Conclusions.....</b>	<b>40</b>
<b>Appendices.....</b>	<b>42</b>

## Executive summary

This is the final report of the evaluation into the impact of Bipolar UK's services and activities during first six months of the Covid-19 pandemic, April to September 2020.

Bipolar UK is the only national charity dedicated to supporting the 1.3 million people in the UK affected by the much misunderstood and devastating condition of bipolar disorder. To understand the impact of its services and activities, and to find out if it is achieving its mission of empowering everyone affected by bipolar to live well and fulfil their potential, the charity engaged Fiveways to undertake this external evaluation.

The research methodology was a blended approach of a quantitative online survey, qualitative in-depth interviews and discussions, analysis of previous research, and analysis of information and data provided by Bipolar UK.

Analysis of data captured in Bipolar UK's internal Covid-19 Impact Survey, undertaken in May 2020, highlighted that the Covid-19 crisis was having a devastating impact on the mental health of people affected by bipolar, with apparent increases in anxiety, depression and suicidal thinking. Respondents were unable to self-manage as previously, and unable to access the various levels of help and support most likely to help them to stay well.

In this period the charity adapted existing services and bulked up or created new ones. Fiveways' main online survey invited responses about 11 activities and services delivered by the charity, and was completed in August and September by 882 people. All 11 of the activities and services had been used by a minimum of 10% of respondents.

Responses to the survey illustrated that Bipolar UK has a significant and immediate impact on most people who use it, with three-quarters of all respondents agreeing that the charity gives them a sense of belonging, 71% agreeing that it helped them to manage the condition, and more than half agreeing that they had better relationships with the people around them thanks to Bipolar UK.

The survey found that half of all respondents are more likely to take their prescribed medication because of using the charity's services and activities. In addition, more than one in four respondents reported that their engagement with Bipolar UK resulted in them having fewer interventions by the statutory health services.

When asked questions in relation to the overall impact of using Bipolar UK, the positives were clear: more than 8 out of 10 people agreed that the charity is one of the few places that they feel understood, and just under two-thirds felt both that they are more able to cope with life, and more able to stay well. Three out of ten respondents also reported having fewer suicidal thoughts in the last six months as a result of using Bipolar UK.

Overall, Bipolar UK's services were found to be helpful across the board. Ten of the eleven services were helpful to at least 78% of the people using them, with even the least useful service – the chatbot – being helpful to half of its users. The website is viewed as the most helpful service that the charity provides, and is also the service which is most used and therefore helps the most people. However, it is peer support groups provided on Zoom which evidently create the most positive change, and a series of self-management webinars which are most effective at keeping people with bipolar well.

The strength of Bipolar UK's offer would seem to be that people can access services in the way that suits them, be that individually by phone or email, in a private group by Zoom or a webinar, publicly by Facebook, passively in a newsletter, or anonymously via the website. And the means by which people can consume information or support is also varied – live, recorded, written, spoken, or by video.

The breadth of the service offer seems to have ensured that a range of personalities, moods, needs and issues have been well supported – resulting in 70% of users, estimated to be more than 7,000 people each month, reporting that Bipolar UK has changed their life for the better.

Where the pandemic has had a devastating impact on the mental health of people affected by bipolar, this evaluation suggests that the charity stepped in to alleviate those stresses: 60% reported increased challenges in self-management of their condition during lockdown – thanks to the charity, 71% more felt more able to manage their condition; a third found it harder to access their psychiatrist – but one in four Bipolar UK users needed fewer interventions by the statutory health services.

It is evident that the charity has had a major impact on those using its services during the Covid-19 crisis, but also apparent that the work of the organisation has itself protected the NHS: with one in four users having fewer interventions, that is potentially 2,500 people each month who didn't need to use health services during this period of the pandemic as a result of the charity. And despite a period of unprecedented change, the evaluation suggests that during this period, it has cost the charity less than £9 each month to keep a person with bipolar well.

Bipolar UK's mission is to empower everyone affected by bipolar to live well and fulfil their potential. The research overall found that more than half of respondents have been kept well, and a similar number feel they have been able to fulfil their potential, thanks to the charity. There is room for improvement, but it would appear as if, during this period of the Covid-19 pandemic, Bipolar UK's mission has been accomplished each month for at least 6,000 people with bipolar.

## 1. Introduction and background

### 1.1 Introduction

This document is the final report of the evaluation into the impact of Bipolar UK's services and activities, during the first six months of the Covid-19 pandemic, April to September 2020.

Bipolar UK is the only national charity dedicated to supporting the 1.3 million people in the UK affected by the much misunderstood and devastating condition of bipolar disorder. The charity has more than 30 years' experience of providing user-led services, including information, advice and support. It understands bipolar better than any other charity in England and Wales, and the needs of people with the condition are central to its work.

### 1.2 About the evaluation

Bipolar UK wants to understand the impact of its services and activities so that it knows how effectively it is achieving its mission of empowering everyone affected by bipolar to live well and fulfil their potential, and to help the charity plan what services and activities the charity should provide and prioritise in the future. This services evaluation is one of several strands of work which will help Bipolar UK decide about future delivery.

The consultancy Fiveways ([www.fivewaysnp.com](http://www.fivewaysnp.com)) was selected in 2019 via a competitive process to undertake an evaluation of the charity's peer support service. Fiveways was subsequently invited to undertake this external evaluation.

The 2019 evaluation focussed on the peer support elements of Bipolar UK's work – face to face support groups, support by phone and email, and an eCommunity. This evaluation includes a wider set of activities, including the website, newsletter and social media channels, alongside the peer support activities active at this time<sup>1</sup>.

In addition to understanding the impact of the work of the charity, the evaluation was also intended to help further clarify the meaning of 'fulfilling potential' in Bipolar UK's mission, and where possible come to a view about how effective the services and activities are at achieving this.

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<sup>1</sup> The face to face peer support groups have been unable to operate since March 2020 due to the restrictions relating to the Covid-19 pandemic. Peer support by Zoom has been operating as an alternative.

## 2. Methodology

### 2.1 Overall approach

The research methodology was a blended approach of a quantitative online survey, qualitative in-depth interviews and discussions, analysis of previous research, and analysis of information and data provided by Bipolar UK.

The methodology was consistent with the approach agreed for the 2019 evaluation, which was underpinned by an outcomes framework, designed to clarify what the research would measure. This approach allowed for some comparison of the new findings with the 2019 results, particularly useful noting the lack of face to face services during this period.

The findings in this report are based on combined analysis of the quantitative and qualitative research. The quantitative results provide statistics and the qualitative feedback provides a deeper understanding of users' feelings and opinions towards the service.

Due to the Covid-19 pandemic, the research was carried out entirely digitally, with options for paper or telephone submissions not made available. This is likely to result in a level of bias towards digital services.

### 2.2 Online survey of Bipolar UK's users

#### 2.2.1 Recruitment

Recruitment to the survey was managed by Bipolar UK and included promotion across a range of channels. Participation was incentivised by inviting people who completed the survey to be included in a prize draw to win one of four £25 Love to Shop vouchers.

#### 2.2.2 Presenting the results

The analysis of the main survey is based primarily on separating out findings for those living with bipolar (LW), and their family and friends (FF). Although data was collected separately about those living with the symptoms of bipolar but without a diagnosis, the number of respondents from this group was very small, so responses have been analysed within the 'living with' and 'family and friends' groups as appropriate.

For the living with bipolar group, additional analysis was undertaken in relation to the main services or activities that they had accessed over the last six months, where there was enough data for results to be significant.

For some questions 'net agreement' (the product of those who agree less those who disagree) is used to demonstrate the extent to which respondents agreed with a statement.

### 2.2.3 Survey completions

The survey was undertaken by 882 people<sup>2</sup> between 15 August and 14 September 2020:

*Table 1 – Survey Completions*

Person type	#	%
I am a person living with bipolar and have a bipolar diagnosis	733	83%
I am a person living with the symptoms of bipolar and don't have a bipolar diagnosis	28	3%
I have a friend and/or family member living with bipolar	105	12%
I think a close friend or family member has bipolar but they don't have a diagnosis	16	2%
Total	882	100%

More than three-quarters of survey respondents (76%) had used the website during the last six months, with a similar number (72%) receiving Bipolar UK's newsletter. All 11 of the activities and services listed in the survey had been used by a minimum of 10% of respondents, but four services stood out as those which respondents used the most: newsletter (26%), website (23%), peer support on Zoom (15%), and the eCommunity (12%).

Just 78 respondents (9%) reported that they had only accessed a single element of Bipolar UK's activities in the period: the vast majority of respondents accessed a range.

*Table 2 – Activity use*

Services	Used <u>at all</u> in last six months		Used <u>the most</u> in last six months		Single use of services	
	#	%	#	%	#	%
Website	668	76%	201	23%	10	1%
Newsletter	629	72%	231	26%	34	4%
eCommunity	356	41%	102	12%	6	1%
Facebook	283	32%	54	6%	3	0%
Callback and email service	265	30%	64	7%	3	0%
Peer support on Zoom	214	24%	131	15%	21	2%
Self-management webinars	197	22%	37	4%	1	0%
Facebook live sessions	140	16%	37	4%	0	0%
Instagram	111	13%	17	2%	0	0%
Chatbot	91	10%	1	0%	0	0%
Twitter	87	10%	7	1%	0	0%
Total	876	100%	882	100%	78	9%

<sup>2</sup> As this was a long survey, including some questions relating to Bipolar UK's wider service review, the number of completions dropped off throughout. This was anticipated, with key questions placed at the beginning, and permission given for users to skip questions where appropriate. The number of responses to each question is given throughout.

#### 2.2.4 Demographic information from survey completions

Seven out of ten surveys were completed by females, consistent across both people living with bipolar, and friends and family. The bulk of the responses (84%) came from people aged between 25 and 64, although there was a much greater percentage of under 35s in the LW group (43% compared to 19%). Thirty per cent of the FF group was over 64, compared to 11% of those living with bipolar.

*Table 3 – Respondents by gender*

Gender	# All	% All	#LW	%LW	#FF	%FF
Female	451	71%	396	71%	55	71%
Male	180	28%	157	28%	23	29%
Non-binary	3	0%	3	1%	0	0%
Total	634	100%	556	100%	78	100%

*Table 4 – Respondents by age*

Age	# All	% All	#LW	%LW	#FF	%FF
Under 18	2	0%	1	0%	1	1%
18-24	16	3%	15	3%	1	1%
25-34	92	16%	90	17%	2	3%
35-44	131	22%	121	23%	10	15%
45-54	156	26%	136	26%	20	30%
55-64	120	20%	107	20%	13	19%
65-74	56	9%	46	9%	10	15%
Over 74	20	3%	10	2%	10	15%
Total	593	100%	526	100%	67	100%

Just under 9 out of 10 (87%) surveys were completed by people living in England, and a similar percentage (89%) of those completing the survey were white. Approximately half of respondents are employed or self-employed (48%), with a quarter unemployed or unable to work (26%), and nearly one in five retired (18%).

More than eight out of ten respondents are straight (83%).

*Table 5 – Respondents by location*

Location	# All	% All
England	557	87%
Northern Ireland	14	2%
Scotland	28	4%
Wales	27	4%
Other	11	2%
Total	637	100%

*Table 6 – Respondents by ethnicity*

Ethnicity	# All	% All
Asian/Asian British	20	3%
Black/African/Caribbean/Black British	16	3%
Mixed/Multiple ethnic groups	24	4%
White	553	89%
Other	8	1%
Total	621	100%



*Table 7 – Respondents by employment status*

Employment status	# All	% All
Employed	288	45%
Furloughed	11	2%
Housewife/husband	9	1%
Retired	116	18%
Self-employed	22	3%
Student	7	1%
Unable to work	41	6%
Unemployed	132	20%
Voluntary work	10	2%
Other	8	1%
Total	644	100%

*Table 8 – Respondents by sexuality*

Sexuality	# All	% All
Bi	60	10%
Gay/lesbian	37	6%
Heterosexual/straight	495	83%
Other	8	1%
Total	600	100%

Half of all respondents (53%) have been an inpatient in a psychiatric hospital at some point. Four per cent have served in the armed forces, and 2% have been in prison.

*Table 9 – Other demographic information*

Other demographic information	Responses	Yes #	Yes %
Served in the armed forces	624	22	4%
Currently in a psychiatric hospital	621	1	0%
Ever been in an inpatient in a psychiatric hospital	618	325	53%
Currently in prison	620	0	0%
Ever been in prison	625	14	2%

### 2.2.5 Mood scales

To assess respondents' mental health the evaluation survey used the Mood Scale developed by Bipolar UK to help people track their moods. The scale ranges from extremely low mood (recurring suicidal thoughts) at 0 through to extremely high (mania, psychosis, hallucinations) at 10. It is used to empower people to seek help and support when they need it, and also to reflect on the changing nature of their moods – so they do not assume the current state of mind will last forever.

Those completing the survey were asked to place their mood on the scale. Two-thirds of respondents (65%) responded between 4 and 6, and just over a quarter (26%) responded with 3 or under.

Table 9 – Mood

Mood	# All	% All
(0) Endless suicidal thoughts, no way out, no movement, everything is bleak and it will always be like this.	7	1%
(1) Feelings of hopelessness and guilt, thoughts of suicide, little movement, impossible to do anything.	18	3%
(2) Slow thinking, no appetite, need to be alone, sleep excessive or difficult, everything a struggle.	50	9%
(3) Feelings of panic and anxiety, concentration difficult and memory poor, some comfort in routine.	79	13%
(4) Slight withdrawal from social situation, concentration less than usual, slight agitation	143	24%
(5) Mood in balance, no symptoms of depression or mania. Life is going well and outlook is good.	160	27%
(6) Self-esteem good, optimistic, sociable, and articulate, good decisions and get work done.	83	14%
(7) Very productive, everything to excess (phone calls, writing, smoking, tea), charming and talkative	29	5%
(8) Inflated self-esteem, rapid thoughts and speech, counter-productive simultaneous tasks	11	2%
(9) Lost touch with reality, incoherent, no sleep, paranoid and vindictive, reckless behaviour.	2	0%
(10) Total loss of judgement, exorbitant spending, religious delusions and hallucinations.	5	1%
Total	587	100%

## 2.3 Qualitative research

For the first couple of weeks of the survey, respondents living with bipolar were asked if they would like to discuss their experiences of Bipolar UK in more detail. A total of 7 telephone interviews were ultimately completed, 4 with women, 3 with men.

As part of the research, the Fiveways team hosted a Facebook Live session to present the early findings from the survey in relation to ‘fulfilling potential’, and to seek responses to questions and general feedback about the work so far. The team also held a discussion group with a range of Bipolar UK stakeholders.

Additional qualitative insight was captured from ‘free text’ questions within the surveys. Analysis from this is included in the findings where relevant, along with quotes from both the telephone interviews and the survey.

## 2.4 Previous research and other data

As part of this evaluation the Fiveways team reviewed the results of Bipolar UK’s internal Covid-19 Impact Survey, which received 1,751 responses in May 2020.

In addition, Fiveways has reviewed findings from its own 2019 research into Bipolar UK's peer support services, and a small evaluation completed in April 2020 looking at the nascent peer support on Zoom service.

This research includes latest financial information in relation to services, provided by Bipolar UK and reproduced here without change. It also includes data about use of the key activities and services during the last few months. Elements of this data are fairly difficult to establish, so a full breakdown of methodology is given in the Appendix.

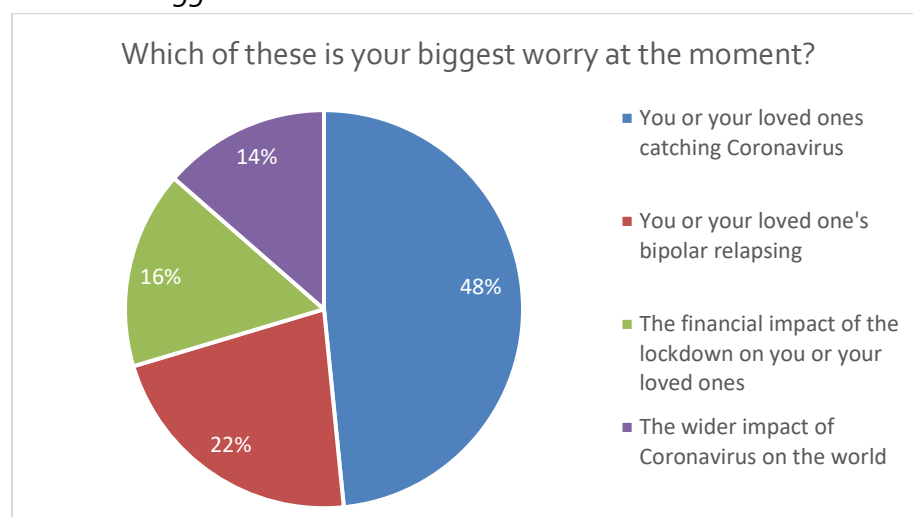
### 3. Living with bipolar in 2020

Bipolar UK's internal Covid-19 Impact Survey undertaken in May this year aimed to understand the impact that the Covid-19 crisis was having on people with bipolar. This section of the report contains analysis of that survey.

Although some of the impact is likely to have changed as the pandemic has continued, the findings remain important in understanding the particular challenges that people with bipolar are facing, how Bipolar UK may wish to respond in future, and to what extent Bipolar UK has been able to support people over this last period.

At the time of the Covid-19 Impact Survey, the greatest worry, expressed by 49% of respondents, was the fear of catching coronavirus itself. After this, 1 in 5 were most worried about relapse (22%), one in six worried about the financial impact (16%), and the remainder (14%) being concerned about the wider impact on the world.

*Table 10 – Biggest worries*



When asked how the situation was impacting on self-management, well over half of respondents (c.60%) reported increased challenges,<sup>3</sup> with struggling to keep to a routine, and feeling anxious about lack of access to usual support and activities, particular issues.

People also reported taking less care of their personal hygiene, forgetting medication, and being unable to think about anything other than the pandemic. Relationships were also problematic to many – typically due to spending too much time with some people, and not enough with others. Several respondents were drained of motivation, frustrated that their usual coping strategies no longer suited, with some reporting that the structure and routine they had battled hard to ensure had now disintegrated.

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<sup>3</sup> Based on analysis of 250 free text responses

One- third of respondents reported no real change in their ability to self-manage (or not finding it particularly difficult), with the remainder (6%) reporting that things were actually a little easier – for some being at home was less stressful than their usual routine, and a handful reported having more time to manage their mood.

When asked in more detail how the crisis was specifically impacting on accessing help, nearly all respondents reported difficulty accessing their GP (95% finding it harder or impossible), with similar challenges relating to other health professionals – one in four people (23%) accessing a crisis team before the Covid-19 pandemic was now finding it impossible; and it was harder for a third of respondents (35%) to access their psychiatrist. One of the combined impacts of this would seem to be that 61% of respondents were struggling to get advice about changes to their medication.

Whilst being unable to see friends and family, and not getting enough private space and time, were obvious impacts of the lockdown in place at the time of the survey, it was noticeable also that two-thirds of respondents (66%) were finding it impossible or harder to get enough exercise, and a similar number (64%) were not getting enough sleep.

A further practical issue was evident in the 62% of people reporting challenges with accessing prescribed medication – with one in ten finding this impossible. Accessing specific support had also been impacted; 57% were finding it harder to access talking therapies, and 48% peer support.

*Table 11 – Impact on access to help*

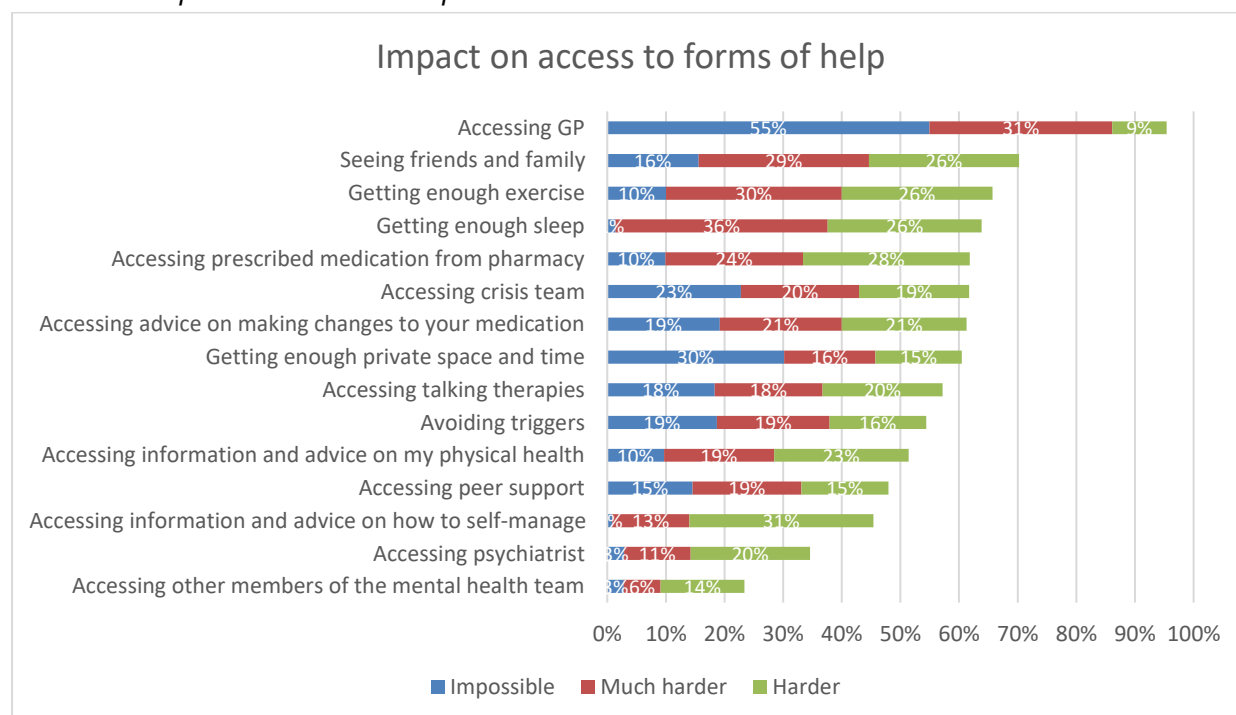


Table 12 – Help used

Help used	Impossible or harder	No Change	Easier	Responses
Accessing GP	95%	69%	8%	1608
Seeing friends and family	70%	53%	12%	1703
Getting enough exercise	66%	49%	5%	1502
Getting enough sleep	64%	49%	3%	1714
Accessing prescribed medication from pharmacy	62%	44%	4%	1612
Accessing crisis team	62%	28%	18%	782
Accessing advice on making changes to your medication	61%	35%	7%	1508
Getting enough private space and time	60%	35%	4%	1704
Accessing talking therapies	57%	34%	5%	954
Avoiding triggers	54%	35%	4%	1687
Accessing information and advice on my physical health	51%	31%	8%	1521
Accessing peer support	48%	20%	16%	1005
Accessing information and advice on how to self-manage	45%	24%	11%	1461
Accessing psychiatrist	35%	19%	11%	1220
Accessing other members of the mental health team	23%	4%	1%	1015

Data excludes respondents who did not access help in this way prior to the Covid-19 pandemic

Respondents were also asked about suicidal thoughts and self-harm. Of those who chose to answer questions on this subject, nearly one in three (31%) reported that they had more suicidal thoughts since mid-March, when the Covid-19 lockdown was implemented in the UK – and 8% reported that they had self-harmed.

Table 11 – Impact on suicide and self-harm

Has the onset of coronavirus in mid-March made you or your loved one more suicidal and / or more likely to self-harm? (compared to the previous six months)	#	%
I / they have had more suicidal thoughts since mid-March	462	31%
I / they have attempted suicide since mid –March	18	1%
I / they have been hospitalised since mid-March because of suicidal thoughts	10	1%
They completed suicide	4	0%
I / they have self-harmed since mid-March	118	8%
Total	1469	

The survey highlighted that the Covid-19 crisis was having a devastating impact on the mental health of people affected by bipolar, with apparent increases in anxiety, depression and suicidal thinking. Respondents were unable to self-manage as previously, and unable to access the various levels of help and support most likely to help them to stay well.

Whilst it is likely that some of the issues raised by this research have subsequently been resolved – for example GP surgeries providing a service more similar to before the

pandemic, it is also the case that, for many, the impacts are likely to have worsened. Many services and activities have adapted during this period, but some have yet to reopen or been provided in any way. It seems reasonable to assume that the concern about getting Covid-19 may no longer be the greatest worry for some people, but only because financial concerns may have heightened, and the longer-term impact of the lockdown and lack of previous support, may have impacted negatively on people's health.

The issues caused by Covid-19 remain extremely significant, and the impact on people affected by bipolar will no doubt outlast the pandemic itself. Overall, it is evident that the results of Bipolar UK's research into the impact of Covid-19 on people affected by bipolar are very troubling.

## 4. Bipolar UK's activities

Bipolar UK has delivered a wide range of services and activities during 2020, adapting existing services, and bulking up or creating new ones.

The Bipolar UK website curates content from across the bipolar community focusing on lived experience and professional expertise. It provides a repository of peoples' experiences of the condition and the latest evidence-based approaches to managing it effectively.

The beginning of the pandemic coincided with a relaunch of the Bipolar UK website, and the charity produced tailored content on living well with bipolar during lockdown and worked in partnership with law firm 36 Chambers to give regular updates on government guidelines, highlighting elements particularly relevant to people affected by bipolar.

Alongside this the charity moved face to face support groups to Zoom, launched an online booking service on its chatbot to facilitate easier access to services, ran a series of webinars in relation to self-management, established a new Instagram account, and developed the use of live sessions on Facebook – where members of the Bipolar UK team present and discuss an agreed topic, with those watching on Facebook able to type questions and add comments, with the session recorded for others to subsequently watch back.

The table below lists the services and activities included in this evaluation, and the estimated average number of monthly unique users (individual people) for each service during this period. An explanation of how these numbers have been calculated is given in the Appendix, noting that some assumptions have been made.

*Table 12 – Unique service users*

Activity	Average engaged unique users per month
Website	10,455
Newsletter	4,668
Facebook	3,735
Chatbot	2,249
Facebook live sessions	1,913
eCommunity	1,220
Twitter	1,205
Instagram	500
Self-management webinars	249
Callback and email service	190
Peer support on Zoom <sup>4</sup>	160

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<sup>4</sup> By way of comparison, figures provided for the 2019 evaluation showed that in March 2019 the Bipolar UK face to face peer support groups were attended by an estimated 400 people



The majority of respondents to the survey (91%) accessed more than one of the services and activities available. As such, although roughly 10,500 users engaged with the website per month, and 4,500 engaged with the newsletter, it is not necessarily the case the 15,000 people engaged with the charity each month.

As is always the case with data relating to the number of unique users of a service, the assumptions made mean that the figures should be used carefully and with clarity about methodology. Notwithstanding this, it is reasonable to conclude that well over 10,000 different users have engaged with Bipolar UK each month during this period.

## 5. Impact of Bipolar UK's activities

This section of the report considers in detail the findings from the new Fiveways outcomes evaluation, namely the survey and supporting qualitative research.

### 5.1 All respondents living with bipolar

#### 5.1.1 Feelings and managing

Responses to the main survey illustrate that Bipolar UK has a significant and immediate impact on most people who use it, with three-quarters of all respondents (76%) agreeing that the charity gives them a sense of belonging, and just 5% disagreeing. Likewise, the charity clearly helps people to manage their condition (71% agree), feel less alone (68%), and empowered to seek more help (68%).

These figures are particularly positive noting that for half of all respondents, the main service they had used over the last six months was either Bipolar UK's newsletter (26%) or website (23%), amongst the least intensive of the activities being delivered.

*Table 13 – Feelings and managing*

Respondents living with bipolar ( <i>number of respondents in brackets</i> )	Agree 😊	Disagree 😞	Net agreement
"The charity gives me a sense of belonging" (556)	76%	5%	71%
"I am more able to manage my condition" (557)	71%	7%	64%
"Using Bipolar UK's service makes me feel less alone" (413 <sup>5</sup> )	70%	6%	65%
"I feel empowered to seek more help" (555)	68%	7%	61%
"I feel more in control of my life" (557)	61%	9%	52%
"I feel more independent" (555)	55%	9%	46%

#### 5.1.2 Relationships, money and work

The practical impacts of using the charity are somewhat more varied. Although one in five respondents (19%) thought that the charity contributed to them being better off financially, a greater number disagreed (27%) – with Bipolar UK's services free, presumably this figure relates to overall financial challenges, exacerbated by the pandemic.

The charity has clearly had a positive impact on the capacity of respondents to get into or stay in work – with just under a third (31%) agreeing with this point, and a net agreement of 14%. Again, noting the impact of the pandemic on employment, it is reasonable to assume

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<sup>5</sup> Due to clumsy wording in this question, this answer received 186 responses of 'I don't know', compared to a maximum of 25 for all other answers. For ease of understanding of the results, these 186 responses were removed from the analysis.

that the positive impact here has been about keeping people in work during this period, rather than getting them into it.

More marked is the impact on relationships, with more than half (53%) agreeing that the charity had made a positive difference – a finding which seems particularly significant at a time of increased challenges and need in this area.

Table 14 – Relationships, work and money

Respondents living with bipolar	Agree 😊	Disagree 😞	Net agreement
"I have better relationships with the people around me" (557)	53%	11%	41%
"I am more able to get into or stay in work" (552)	31%	18%	14%
"I am better off financially" (554)	19%	27%	-7%

### 5.1.3 Health services, medication, and diagnosis

#### Contact with health professionals

Respondents were asked how using Bipolar UK impacted on their use of health services and medication. Of the 28% who reported that they sought contact with a health professional as a result of accessing the charity, 79% agreed that engaging with the charity made that contact more helpful.

In other words, for every 100 people who used Bipolar UK over the last six months, 28 contacted a health professional as a result, and 22 found that contact more useful.

Translating this to the estimated minimum number of users engaging with the charity each month would suggest that each month more than 2,000 people who had used Bipolar UK found their contact with a health professional more useful.

There was considerable further feedback on this issue, with many respondents reporting how they felt encouraged, empowered or given confidence by Bipolar UK, and their interactions gave them impetus to take action.

*"I felt more confident going to my appointment after speaking to a member of Bipolar uk on the peer support call back service. They are a lovely team and so truly understanding.*  
Survey response.

*"They encouraged me to seek help when I was struggling to cope with the changes caused by Covid 19 and the lockdown".* Survey response.

*"Empowered me to feel that I was worthy of the help. Reassured me that my problem merited professional help."* Survey response.

*"I was on medication that had load of side effects. I thought this was normal, but when I read via the eCommunity that people have tried 2 or 3 different medications to try to find the right one, I had the confidence to go my psychiatrist and say this is horrible. It empowered me, and they agreed to alter it. Now I'm on something with few side effects".*

Telephone interview #6

Others reported that they were better informed, had a better understanding of bipolar – and medication in particular – and that allowed them to ask the right questions.

*"I was able to understand my condition better and so ask the right questions enabling me to make more of my appointments with my psychiatrist."* Survey response.

*"I was hospitalised earlier this year and the support from Bipolar UK helped me understand my illness and to communicate effectively with the staff in the hospital."* Survey response.

Table 15 – Contact with health professionals

Has engaging with Bipolar UK in the last six months resulted in you seeking contact with a health professional in relation to your bipolar?? (722)			
Yes	203	28%	
No	490	68%	
I don't know	29	4%	
Total	722	100%	
Respondents living with bipolar		Agree 😊	Disagree 😞
		Net agreement	
Engaging with Bipolar UK in the last six months has made the contact I have had with health professionals more helpful for me (201)		79%	4%
		74%	

## Diagnosis

The number of respondents who received a bipolar diagnosis in the last six months as a result of engaging with Bipolar UK was 23, or 3%. Of these people, just over a third (35% - 8 people) believe that they received the diagnosis earlier than they would have done otherwise.

*"I initially emailed and received the most amazing response! I was blown away by the level of help and information that was offered. The email pointed me in the right direction for the referral, and due to some helpful information like being recommended to keep a mood diary in advance, I found that the diagnosis was much faster than many of my peers who I have read experiences of".* Survey response.

Table 16 - Diagnosis

Has engaging with Bipolar UK in the last six months resulted in you receiving a bipolar diagnosis? (726)		
Yes	23	3%
No	690	95%
I don't know	13	2%
Total	726	100%

"Because of Bipolar UK's services and activities, I received my diagnosis..." (23)		
Earlier than I would have done otherwise	8	35%
Around the same time as I would have done otherwise	7	30%
Later than I would have done otherwise	1	4%
I don't know	7	30%
Total	23	100%

### Taking medication

Half of all respondents (49%) agreed that they are more likely to take their prescribed medication because of using the charity.

Table 17 – Taking medication

Respondents living with bipolar	Agree 😊	Disagree 😞	Net agreement
"I am more likely to take the medication I have been prescribed" (556)	49%	11%	39%

### Statutory health services

Just over one in four respondents (26%) reported that their engagement with Bipolar UK resulted in them having fewer interventions by the statutory health services. Again, translating this into actual numbers based on the conclusion that well over 10,000 users have engaged with Bipolar UK each month during this period, would suggest that there were at least 2,500 fewer interventions by the statutory health services each month thanks to Bipolar UK – a figure which suggests that the charity is having a significant impact both on individuals and on the capacity of the health service.

Respondents wrote and talked about the support provided by the community – whether online or on Zoom helping them to feel less alone, avoid triggers, and to self-manage earlier and more effectively. Others noted that people with bipolar are often the experts on the subject, with direct information shared in a safe way being invaluable, including on the website and by video or live services.

*"By having this support network around me I am far less likely to suffer an episode which would require intervention from statutory health services".* Survey response.

*"By talking to people on the ecommunity and peer support service, I have been able to decelerate my thoughts and potential dangerous actions, this not requiring mental health team input". Survey response.*

*"Speaking to people whom have bipolar allows you to share experiences and understanding. It also allows structure, routine and more support so fewer requirements to contact secondary services or start teams". Survey response.*

*"Engaging with the peer support and webinar has helped me feel less isolated and helped me understand my triggers better. The advice and listening to the experience of others has helped me to understand my early warning signs and manage them better". Survey response.*

*"I find the newsletters, and video clips on how people are self managing helpful". Survey response.*

*"I was able to feel less lonely and isolated through seeing faces on Facebook live and interacting with people in the chat". Survey response.*

*"When I feel that I am having what I describe it as "a moment" I can find help on the website. Find people who are just like me". Survey response.*

*"Getting advice on bipolar from those that know it. Many NHS clinicians, seemed to know less about the details of bipolar than expert patients do, in my experience". Survey response.*

*Table 18 – Interventions by health services*

Do you think that engaging with Bipolar UK in the last six months has resulted in you having fewer interventions by statutory health services? (709)		
Yes	181	26%
No	381	54%
I don't know	147	21%
Total	709	100%

Although the impact on interventions by statutory health services seems considerable, the research suggested that the charity had limited impact in this period on how often or long people spent detained (sectioned) by the statutory health services – primarily as only 4% of respondents (25 people) had been detained in this period. Of those, more than a quarter (28%) agreed that engaging with the charity resulted in them being detained less often or for less time, but the same percentage disagreed.

Table 19 – Detentions by health services

Have you been detained (sectioned) by the statutory health services in the last six months? (710)			
Yes	25	4%	
No	680	96%	
I don't know	5	1%	
Total	710	99%	
Respondents living with bipolar		Agree 😊	Disagree 😞
Net agreement			
"Engaging with Bipolar UK in the last six months has resulted in me being detained less often or for less time" (25)		28%	28%
			0%

#### 5.1.4 Suicidal thoughts

The charity clearly plays an important role in relation to suicidal thoughts – three out of ten respondents (30%) reported having fewer suicidal thoughts in the last six months as a result of using Bipolar UK.

The fact that such a large number of respondents were in a position to answer this question – and share further insight – highlights the extent to which suicidal thoughts are a part of life for people affected by bipolar. A common theme was the limited opportunities that people have to discuss suicidal thoughts, and a clear value in doing so – and some requests for the charity to focus on this subject even more. Several respondents also mentioned that they previously had suicidal thoughts, but that support, medication and self-management had contributed to these now being significantly diminished.

*"I feel that knowing there are people out there with the same thoughts and feeling and being able to speak to them, makes me feel less isolated, and that it is normal to sometimes feel like that. That gives the thoughts less power."* Survey response.

*"Being around people talking about suicide is a very important way to combat that, not just for those currently suicidal but for others in the room - who clearly give all they can to trying to support those currently in crisis. It is a mutually beneficial support environment that I am sure reduces people's desire to act on suicidal thoughts."* Survey response.

*"As a result of the disorder I am going to have these thoughts. I can see them coming from further away. Even if fully medicated. But the community of BUK seems to make those thoughts less likely".* Telephone interview #4

*"I don't feel that using bipolar uk has had any effect on the number of instances of suicidal thoughts but it has helped me to manage the thoughts I have had so that I haven't acted on the thoughts."* Survey response.

*"It would be good to have more open discussion of living with suicidal thoughts."* Survey response.

*"Bipolar UK is a safe place to discuss those feelings without being judged or shamed."* Survey response.

*"When I'm suicidal, I will put on [the eCommunity] that I am feeling suicidal. I know that people on the forum hear it. Somebody else knows what that feels like. The forum has saved me in the past, from going off and doing something stupid."* Telephone interview #5

Table 20 – Suicidal thoughts

Respondents living with bipolar	Agree 😊	Disagree 😞	Net agreement
"As a result of using Bipolar UK I have fewer suicidal thoughts" (472)	30%	19%	11%

#### 5.1.5 Overall impact on people living with bipolar

When asked questions in relation to the overall impact of using Bipolar UK, the positives were clear: more than 8 out of 10 people (81%) agreed that the charity is one of the few places that they feel understood, 70% reported that Bipolar UK has changed their life for the better in this six-month period, and just under two-thirds (64%) felt both that they are more able to cope with life, and more able to stay well.

Table 21 – Overall impact

Respondents living with bipolar	Agree 😊	Disagree 😞	Net agreement
"Bipolar UK is one of the few places that I feel understood" (560)	81%	6%	76%
"Using Bipolar UK has changed my life for the better" (556)	70%	6%	63%
"I am more able to cope with life" (552)	64%	9%	55%
"I am more able to stay well" (558)	64%	8%	57%
"I am better able to manage my mood" (556)	63%	9%	54%
"Thanks to Bipolar UK I feel more able to fulfil my potential" (555)	53%	10%	43%

## 5.2 Friends and family

A total of 14% of respondents were friends and/or family of people with bipolar. They were asked to give their views on the impact the charity had on their friends or family, as well as on themselves.



Generally, the responses from this group were less positive than for respondents living with bipolar<sup>6</sup>. However, half of all respondents (50%) reported that thanks to the charity their friend/family member is more able to stay well, and similar percentages noted that their friend/family member felt less alone (52%), and more able to manage their condition (48%).

As with other responses, the finding that 43% felt contact with health professionals has been more helpful is less than for those respondents living with bipolar. However, it remains a significant number, and would seem to further illustrate the impact that the charity has in relation to improving statutory provision.

*Table 22 – Friends and family: Impact on people with bipolar*

Friends and/or family respondents – “After my use of Bipolar UK’s services...”	Agree 😊	Disagree 😞	Net agree
“My friend or family member feels less alone” (115)	52%	14%	38%
“My friend or family member is more able to stay well” (117)	50%	15%	35%
“My friend or family member is more able to manage their condition” (115)	48%	16%	32%
“My friend or family member is more in control of their life” (115)	43%	15%	29%
“My friend or family member has had more helpful contact with health professionals” (111)	43%	22%	22%
“My friend or family member has received a bipolar diagnosis” (110)	40%	15%	25%
“My friend or family member has spent less time in hospital” (110)	24%	22%	2%
“My friend or family member has been detained (sectioned) by the statutory health services less or less often” (110)	19%	22%	-3%

When asked about the impact on themselves, three-quarters of this group (74%) agreed that the charity ensures they are more able to offer support to their friend or family member, and two-thirds (67%) feel empowered to seek more help. Of particular significance, two-thirds (66%) also reported having a better relationship with their friend or family members.

*Table 23 – Friends and family: Impact on themselves*

Friends and/or family respondents	Agree 😊	Disagree 😞	Net agreement
“I am more able to support my friend or family member” (116)	74%	9%	66%
“Using Bipolar UK makes me feel less alone” (118)	70%	8%	63%
“I feel empowered to seek more help” (117)	67%	9%	58%

<sup>6</sup> Whilst the results are slightly lower, this is exacerbated by an increase in the number of ‘don’t know’ responses.

"I have a better relationship with my friend or family member" (114)	66%	8%	58%
"I am more able to cope with life" (116)	53%	19%	34%
"My own mental health is improved" (114)	42%	12%	30%
"I feel more in control of my life" (112)	37%	9%	28%
"I am more able to get into or stay in work" (112)	19%	13%	6%

### 5.3 Attribution

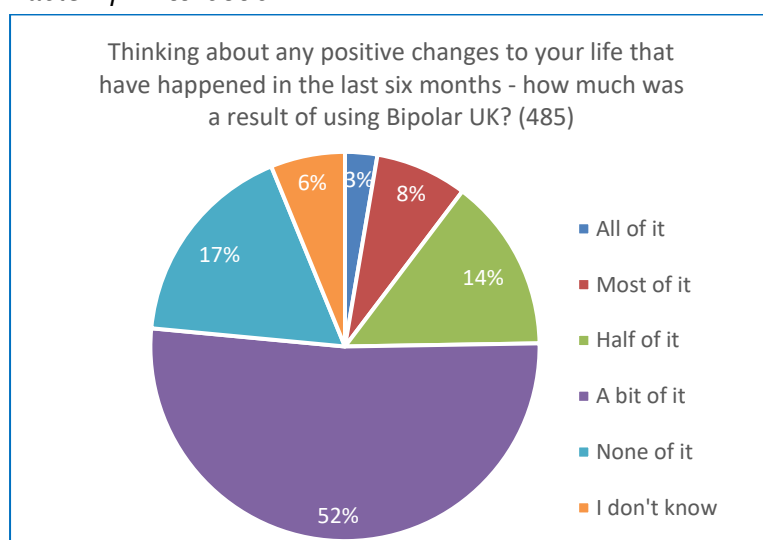
Of those people living with bipolar who had experienced some positive change in their life over the last six months, three-quarters (76%) thought this change was as a result of using Bipolar UK. One-quarter of all respondents (25%) reported that half or more of the change resulted from the charity.

Whilst the percentage of friends and family reporting half or more change coming from the charity was broadly similar (23%), the overall figure for any change resulting from Bipolar UK was a little lower, at 67%.

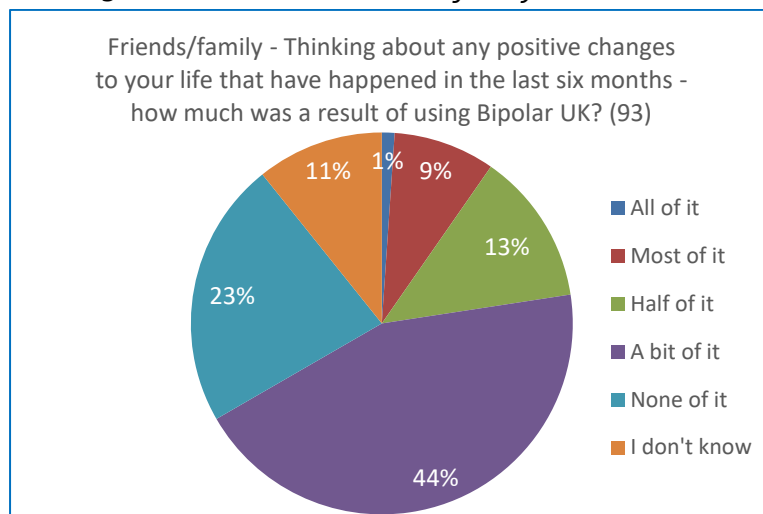
Both sets of figures illustrate that Bipolar UK is responsible for creating positive change, but that typically it is not just one activity that is the catalyst for that change – and, indeed, even during the pandemic, it suggests that for many people Bipolar UK continues to work within a wider support system.

*"I must say callback/email peer support line, self management webinars, and website have all been equally effective at creating the positive change". Survey response.*

**Table 24 – Attribution**



*Table 25 – Attribution: Friends and family*



#### 5.4 Analysis by service and activity

##### 5.4.1 By helpfulness and creating positive change

When asked to give views on how helpful each activity or service was to them, the website ranked highest, with 90% of respondents rating it as fairly or very helpful. Nine of the other ten services were closely grouped, rating between 87% and 78% – indicating overall that Bipolar UK’s services are helpful across the board.

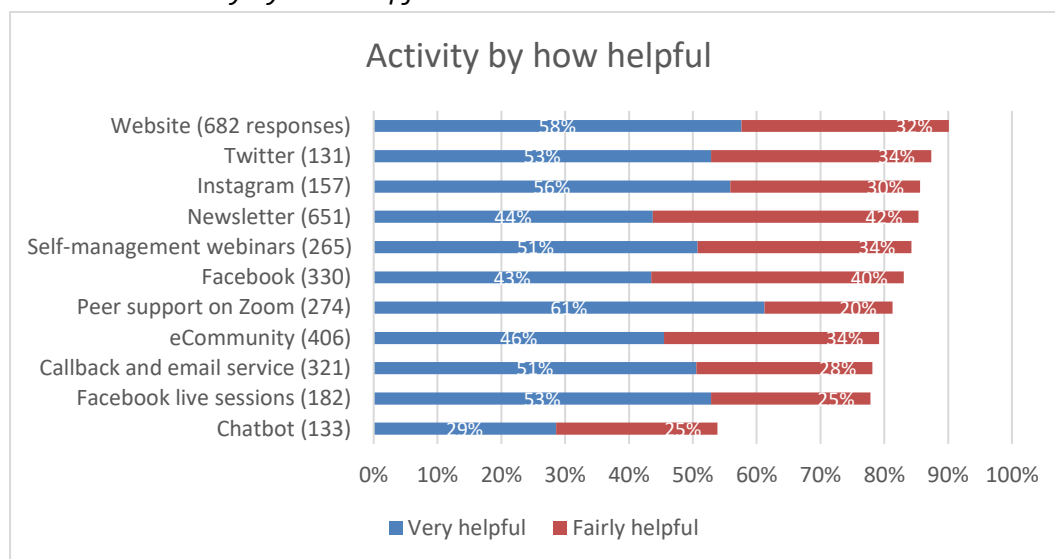
Considering ‘very helpful’ responses only gives a slightly different picture. More than six out of ten respondents (61%) rated peer support on Zoom as very helpful, followed by the website (58%), and Instagram (56%) – again with all the other services bar one fairly closely grouped, between 43% and 53%.

Analysis via net helpfulness (the product of those who agree less those who disagree) shows a wider disparity. Although the website again scores highest, the callback and email service, and Facebook live sessions perform less well due to the number of respondents finding the services fairly or very unhelpful. In both cases, this number remained low – 14% for callback and email, 11% for Facebook live.

Responses relating to the Chatbot were considerably lower than to any other service – with a net helpfulness of 22%, compared to the next lowest score of 64%, and a third of respondents (32%) finding it unhelpful. Even so, the majority of respondents (54%) found the Chatbot helpful.

Combining the percentage of people who found the service very helpful with the estimated monthly number of actual users gives a better sense of scale – more than 6,000 people each month find the website very helpful, 2,000 think the same about the newsletter, and 1,600 agree in relation to Facebook. Peer support on Zoom scores higher than any other service in relation to being ‘very helpful’, but this translates to less than 100 people in a month.

Table 26 – Activity by how helpful



Service	Very helpful	Fairly helpful	Neither helpful nor unhelpful	Fairly unhelpful	Very unhelpful	Net helpfulness
Website	58%	32%	5%	3%	1%	86%
Twitter	53%	34%	8%	1%	3%	83%
Newsletter	44%	42%	11%	2%	2%	81%
Instagram	56%	30%	10%	1%	4%	81%
Self-management webinars	51%	34%	9%	3%	4%	78%
Facebook	43%	40%	10%	4%	3%	76%
Peer support on Zoom	61%	20%	11%	2%	6%	73%
eCommunity	46%	34%	13%	4%	4%	71%
Facebook live sessions	53%	25%	11%	6%	5%	66%
Callback and email service	51%	28%	8%	7%	7%	64%
Chatbot	29%	25%	14%	10%	22%	22%

Service	Unique users	Very helpful %	Very helpful #
Website	10455	58%	6026
Twitter	1205	53%	637
Newsletter	4668	44%	2041
Instagram	500	56%	279
Self-management webinars	249	51%	126
Facebook	3735	43%	1623
Peer support on Zoom	160	61%	98
eCommunity	1220	46%	555
Facebook live sessions	1913	53%	1011
Callback and email service	190	51%	96
Chatbot	2249	29%	643

Respondents were also asked which element of the charity's work had been the most effective at creating any positive changes to their lives in the last six months. Once again, the website topped the list (23%), followed by the newsletter (20%), and peer support on Zoom (19%).

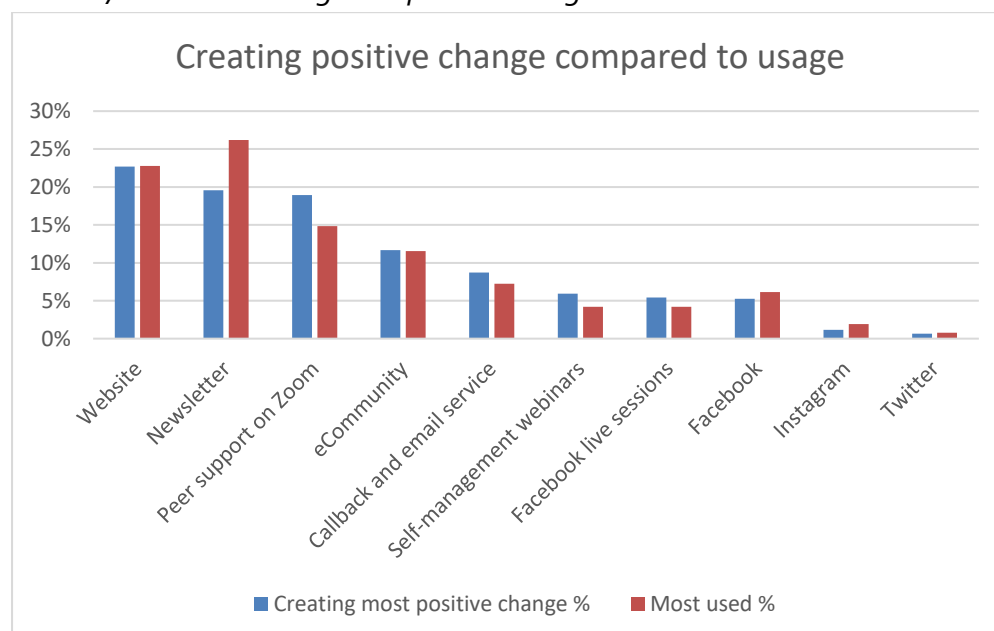
These figures, however, as much reflect the overall use of each activity as the effectiveness at creating positive change. So, whilst the website is the most effective at creating positive change for 23% of respondents, it is also the most used for 23% of respondents – so it achieves just about as much change as may be expected.

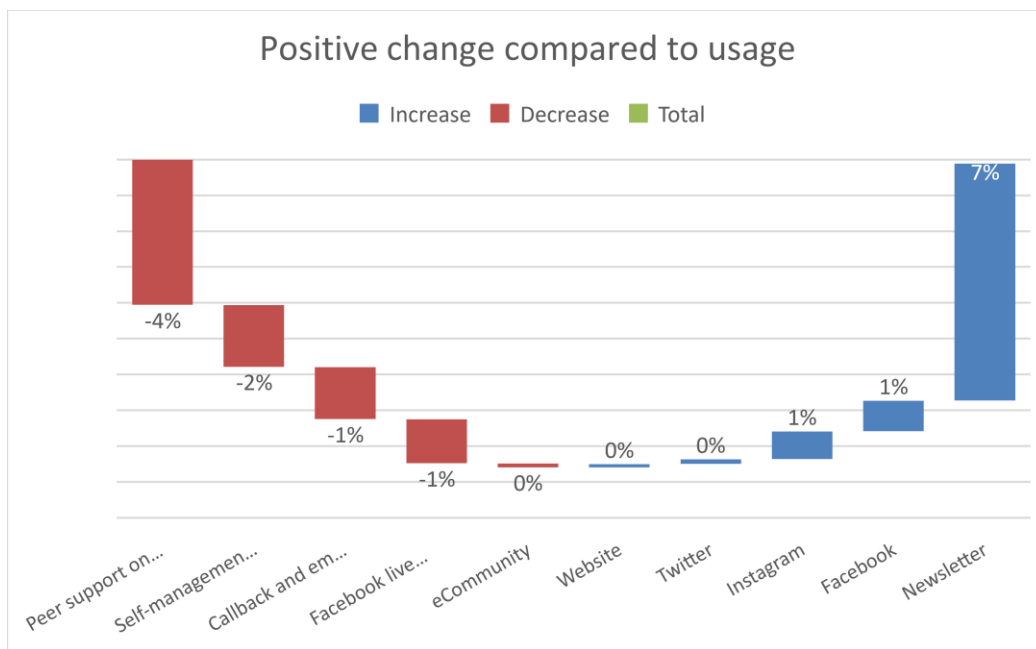
Further analysis suggests that peer support on Zoom actually creates the most positive change – it is the most used service by 15% of respondents, but creates the most change for 19%. The webinars, callback and email service, and Facebook Live also all create more change than would be expected from their usage.

The newsletter leads to by far the least positive change, with Facebook and Instagram also punching beneath their weight. The eCommunity joins the website in achieving as much change as would be expected.

Just one respondent said that the Chatbot was the service they had used the most in the last six months, and nobody responded that it had been the most effective at creating positive change. It has therefore been excluded from this analysis.

*Table 27 – Positive change compared to usage*





#### 5.4.2 By outcomes

Where the volume of data allowed<sup>7</sup>, additional analysis was undertaken for individual services or activities in relation to outcomes achieved, based on the service or activity that respondents had used the most over the last six months<sup>8</sup>.

The findings would seem to confirm the analysis above. For example, peer support on Zoom scores consistently above the figure for 'All', and the newsletter scores beneath the average mark for each of the outcomes.

Figures for the other two services in the analysis were somewhat more mixed, notably regarding taking medication – those using the eCommunity scored 9% higher than all respondents, those using the website scored 9% lower.

<sup>7</sup> A minimum of 100 respondents using this service the most in the last six months

<sup>8</sup> Although this analysis gives a good indication of how each service achieves particular outcomes, it does not allow for the fact that some of the outcomes may have been achieved by other services used, which were not the most used service

Table 28 – Outcomes by activity

Net agreement that...	All (557)	Newsletter (190)	Website (158)	Peer support on Zoom (116)	eCommunity (94)
"I am more able to manage my condition"	64%	49%	61%	81%	64%
"I am more able to stay well"	57%	48%	51%	71%	44%
"I have better relationships with the people around me"	41%	27%	41%	61%	27%
"I am more likely to take the medication I have been prescribed"	39%	38%	30%	45%	48%
"I have fewer suicidal thoughts"	11%	6%	15%	30%	12%
"I am more able to fulfil my potential"	43%	35%	42%	58%	28%

#### 5.4.3 Other considerations about individual services and activities

Noting that the services altogether lead to roughly two-thirds of all users (64%) feeling that they are more able to cope with life, and ten of the eleven services are helpful to at least 78% of the people using them, additional consideration was given to individual services, based on data analysis and insight from interviews.

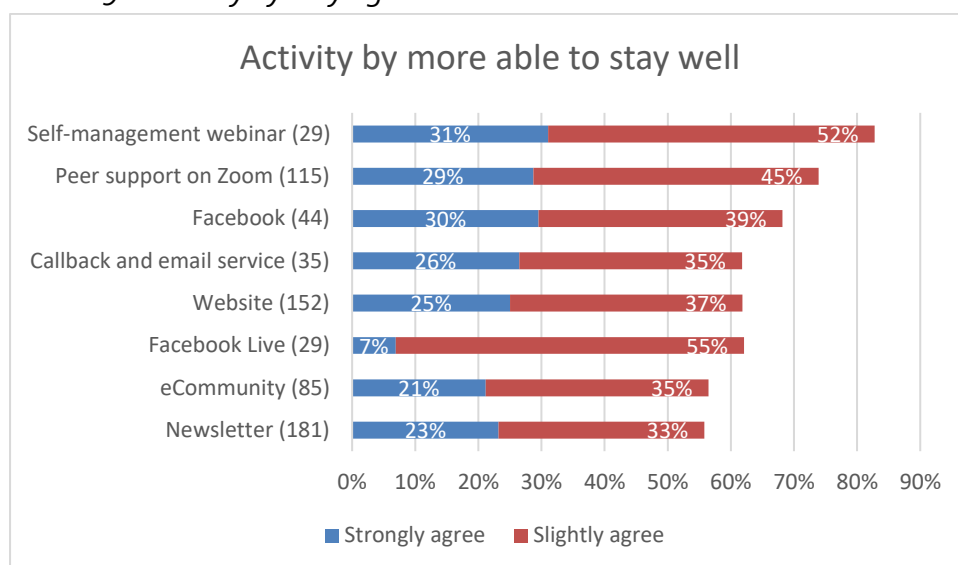
Analysis of the eight services used the most<sup>9</sup> shows that they all helped the majority of their users to stay well, ranging from slightly over half (56%) of the people using the eCommunity and the newsletter, up to four-fifths (83%) of people attending the self-management webinars.

It is apparent from interviews and responses in the survey that the services which have an element of community are of considerable value to those involved, but also apparent that individuals have different preferences – not every service is suited to every user, and some services, notably the callback and email service and the eCommunity, have a small but significant number of people who don't agree that the service keeps them well (15% and 13% respectively).

It is also noticeable that the service with the most direct professional input – the webinars – appears to be the most effective at helping people to stay well (although the small sample size should be noted).

<sup>9</sup> There is not enough data about the other three services to carry out any meaningful analysis

Table 29 – Activity by staying well



I am more able to stay well	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree	Don't know	Net
Self-management webinar (29)	31%	52%	14%	0%	3%	0%	79%
Peer support on Zoom (115)	29%	45%	21%	3%	0%	3%	71%
Facebook (44)	30%	39%	25%	0%	7%	0%	61%
Callback and email service (35)	26%	35%	21%	6%	9%	3%	59%
Website (152)	25%	37%	24%	6%	5%	3%	51%
Facebook Live (29)	7%	55%	34%	0%	3%	0%	65%
eCommunity (85)	21%	35%	28%	8%	5%	2%	44%
Newsletter (181)	23%	33%	33%	3%	5%	3%	48%

The strength of Bipolar UK's offer would seem to be that people can access services individually by phone or email, in a private group by Zoom or a webinar, publicly by Facebook, passively in a newsletter, or anonymously via the website. And the means by which people can consume information or support is also varied – live, recorded, written, spoken, by video.

Whilst this generates some potential challenges regarding considerations for the future, the importance of each of the services to different people cannot be underestimated.

*"I have had just one call with someone from Bipolar UK. It was a pivotal moment for me in me coming to terms with my partner's bipolar diagnosis".* Survey response.

*"It's part of your life. I would be lost without it. If I need a bit of advice, or cheering up, I know I can say that I'm having a bit of a challenging day, and someone will acknowledge me. It's like we are sitting in a room in a little village, we all have bipolar. We just happen to be on the eCommunity".* Telephone interview #5



*"The Zoom group was very good. With over 20 people it was run well, and was very helpful". Telephone interview #4*

*"The webinar was absolutely incredible – it was really well done. I saw lots of case studies that I could relate to, and it gave a brilliant plan of action for how to live with bipolar". Telephone interview #2.*

Throughout this research the two most 'passive' services – the newsletter and particularly the website – have rated highly. In some areas the website scores higher than the eCommunity or the callback and email service.

There seems to be two reasons for this – firstly, people want and need information; both the website and newsletter deliver this. Secondly, both activities clearly give a sense of comfort to users.

*"I get the newsletter but that's the extent of my interaction. I very much value all the content you have; I click on my inbox eager to read". Survey response.*

*"I always try and read the bipolar newsletter, and try to help myself best I can. Sometimes I don't read it, but just receiving them helps. I feel I belong". Survey response.*

*"Even receiving the regular newsletter and reading the information assists, as it reinforces my reality and reminds me not to be so hard on myself and take a more positive and informed viewpoint". Survey response.*

*"It's reassurance; I get really anxious – am I the only person experiencing this? Then I read something on the website, and it is not just me". Telephone interview #6*

*"I find the newsletter really useful, it's a periodic reminder that others are coping well and it normally has useful tips or updates that are relevant to me". Survey response.*

The situation regarding Bipolar UK's digital channels is quite complex, in the main as the channels, particularly Instagram and Facebook, are delivering services in their own right, and also providing access to content held elsewhere – typically the website. It is noticeable that Facebook ranks particularly highly in helping people to stay well (69% agree).

There is not enough data to include Instagram, Twitter and the Chatbot in this level of analysis, but anecdotal feedback suggests that Instagram has particular value – supported by 'very helpful' responses, which put Instagram only just behind the website (56% agree).

This may be as much defined by the of the platform as the content – it is gentler and slower paced than other platforms, giving users the opportunity to take in case studies, information and positive tips in a way which some users clearly welcome.

*"I look at Instagram – a couple of times a day at least; more if I'm not working. The contact seems to have increased a lot since lockdown. I find the educational posts good, and people's stories – other experiences. I read something about how long it took to get a diagnosis – this was really helpful and explained a lot". Telephone interview #6*

*I feel your social media has become really active in lockdown and good. It is bringing awareness to the condition and also gives me little reminders and tips to check in with my mood and maintain health. Telephone interview #7*

The Facebook Live sessions also have good overall results for keeping people well, with 62% agreeing, and very little disagreement – although the strength of agreement is noticeably lower than for other services.

*"The Facebook lives are very individual. They prompt you to think how your mood is for that day - to reflect back on your journey. Other people have similar embarrassing feats". Telephone interview #7*

Despite the many positives about the services being delivered, including the peer support groups being delivered on Zoom, many free text responses made reference to the importance of face to face support, the significant impact they have had in the past, and how much they are missed.

*"I wouldn't have been able to have the life I do now, and the friends I have, if it wasn't for Bipolar UK support groups specifically, and the amazing people I have met. I owe my life to Bipolar UK and I know others feel the same". Survey response.*

Obviously it has not been possible to assess the recent impact of the in-person support groups, but comparison of the results from this survey with the 2019 peer support survey are revealing – the overall net agreement that in-person groups help users to stay well is lower than the agreement for peer support on Zoom. In other words, the current Zoom groups are viewed as more effective than the traditional face to face groups.

Whilst it is clear that some people who have previously been unwilling or unable to attend face to face groups are now benefitting from Zoom groups, it also seems possible that the Zoom groups are more effective than the in-person groups because of the impact of the pandemic. With limited access to peer support, with other services cut, with health professionals unavailable, the peer support that Bipolar UK can provide appears even more significant than previously.

*Table 30 – Staying well: Survey comparisons*

Net agreement that...	2020: All services and activities	2019: In-person support groups	2020: Zoom support groups
"I am more able to stay well"	57%	62%	71%

## 6. Fulfilling potential

A key element of this evaluation was to capture insight from those who had used Bipolar UK in the last six months about what fulfilling potential meant to them. This was to help Bipolar UK understand whether the work being delivered over the period of the Covid-19 pandemic was achieving the mission of the charity, as well as to guide future service developments.

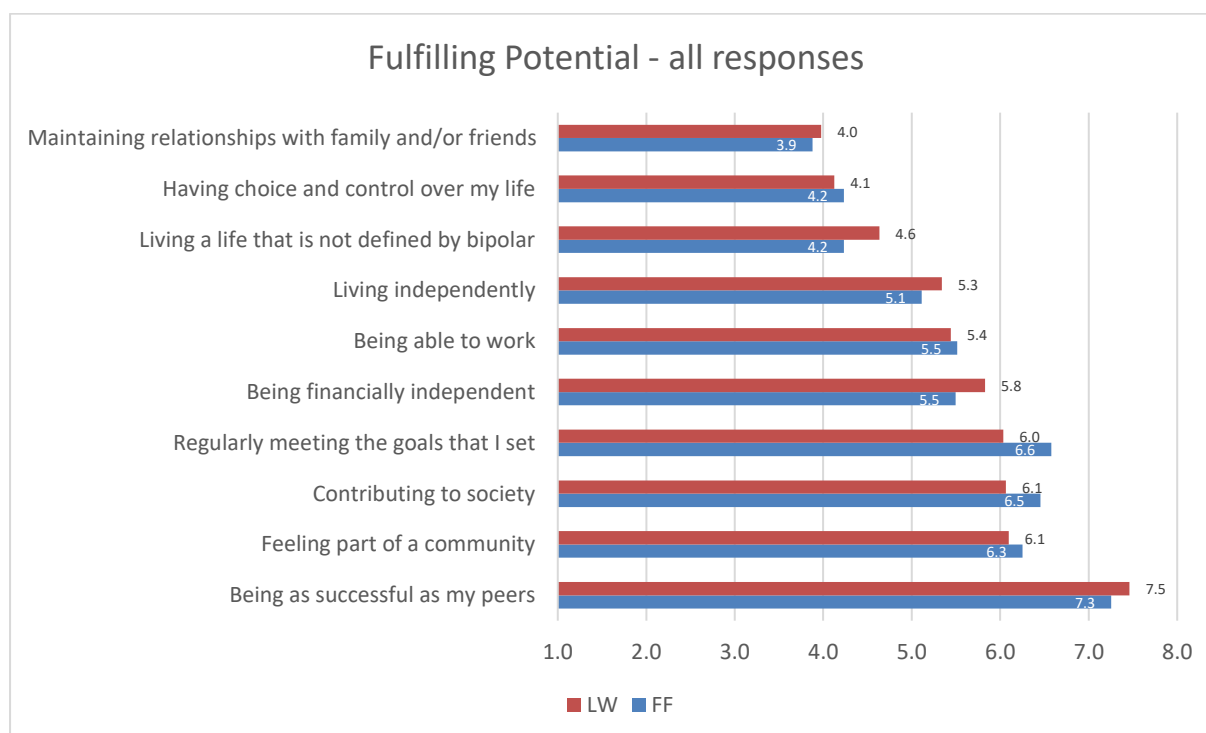
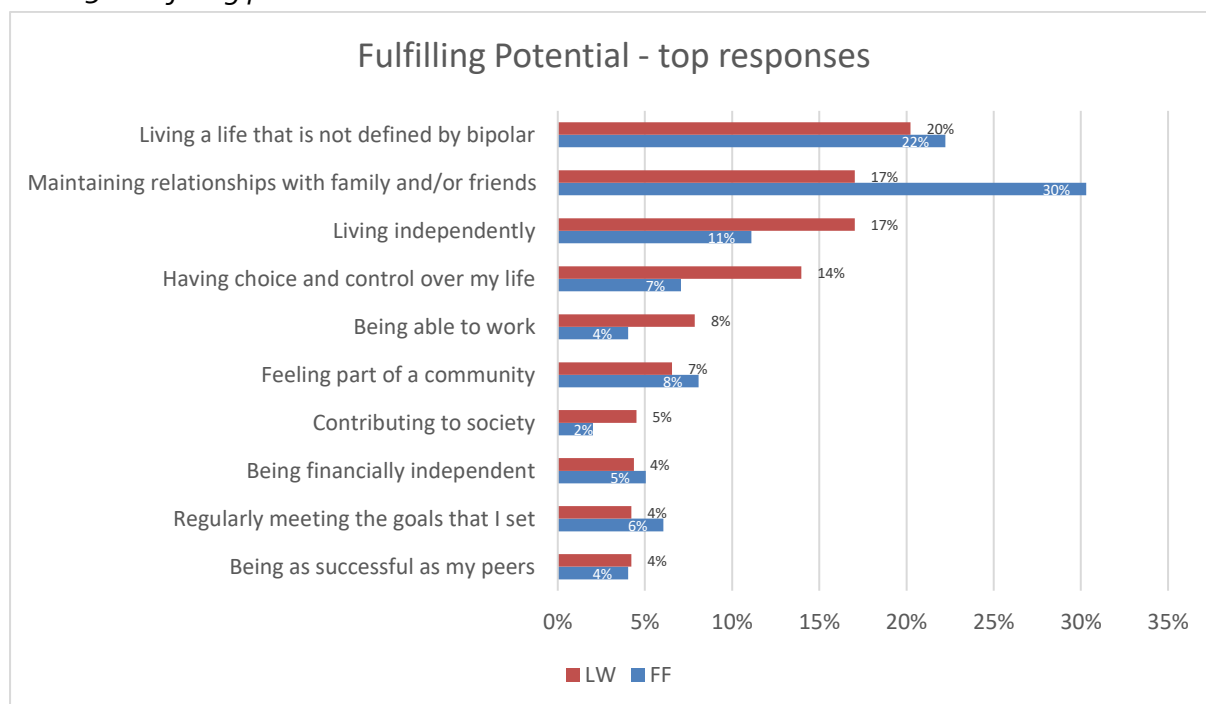
Participants were presented with a list of ten examples of what fulfilling potential may mean, and asked to rank them in terms of how they fit with their own ideas – with 1 being the example that most closely matched their thoughts. Responses were analysed both in relation to the example that people thought was closest to their thoughts ('top responses') and based on the collective ranking of every answer ('all responses'). This was to give some sense both of what matters most to individuals, but also which areas appear important to everyone.

For people living with bipolar the most common top response was to live a life that is not defined by the condition (20%), followed by maintaining relationships with family and friends (17%), living independently (also 17%), and having choice and control over life (14%). These same four responses scored best considering all responses, although maintaining relationships with family and friends moved up to the top of the list.

The same four examples topped the responses from friends and family of people with bipolar, but in the latter group the top response was clear – just under a third of all respondents (30%) ranked maintaining relationships with family and friends as closest matching their thoughts; this option also scored best when all responses were considered.

It is noticeable that when all responses were considered practical solutions to living a life that is not defined by bipolar generally scored higher than less tangible options – being able to work and being financially independent ranked a little higher than contributing to society or feeling part of a community, and were thought to be considerably more important than being as successful as my peers, which ranked bottom in just about every measure.

Table 31: Fulfilling potential



In addition to being asked to select from a pre-populated list, survey respondents were given the opportunity to explain what else fulfilling potential means to them.

The most common responses given related to being happy and content, or closely related, such as 'living my best life', 'being the best version of me', and 'being happy within myself

and not constantly seeking approval'. Some respondents wrote about being hopeful, in control, or stable, and others were focussed on managing day to day, or just staying alive.

Making a difference and contributing to society clearly also resonated – people wrote about being kind and caring, and also about the importance of being a good parent, partner or friend.

*"Like many people with bipolar I was very successful academically and socially as a teenager and it seemed as if the illness was going to take all that promise away from me and render me a hopeless psychiatric patient. Fulfilling my potential means really making a difference, even if it's in a different way to that I imagined".* Survey response.

*"Just being able to cope with life & all its stresses; staying upbeat & not sweating about the small stuff; keeping my sense of humour, making the most of every day".* Survey response.

*"Fulfilling my potential no longer means what it used to. It used to mean being an investment banker or working for a hedge fund having a house in London a husband and children. Then I had a MH crisis and received my diagnosis. In living with a disorder such as this I feel it is important to totally reassess the way we view life. If your goal is to get through a day, then fulfil that potential. If your goal is to run for president of the US, think hard about how well you are... For me fulfilling my potential now means living my life tentatively. Gradual steps to open up my world. If you can comfortably achieve a few things then great. Tick them off, live with them for a bit and see how you get on".* Survey response.

*"Being the best person I can be in the community and wider society but for importantly for my children".* Survey response.

*"The idea that was sold me growing up, or the huge expectations I placed on myself, were too much, and yet I am so glad I tried. I would not be without the trying. I am who I am for the trying. So fulfilling potential now is living the best life I possibly can within the bounds of my disorder. That in itself is a great challenge".* Survey response.

Overall the responses and insight from the qualitative research suggested that, although fulfilling potential naturally will mean different things to different people based on how well they are managing to live with bipolar, there are clear priority themes for all respondents around relationships, independence, choice and control, along with being happy and not being defined by bipolar. Of these, maintaining relationships stands out in particular for the friends and family of people living with bipolar.

The simplest way to establish whether Bipolar UK is being effective in helping people to fulfil their potential – whatever that means to them – was to ask them. More than half of survey respondents (53%) agreed that Bipolar UK was helping in this way – seemingly a positive result in the middle of a global pandemic.

With relationship standing out as the most important issue for friends and family, success in this area is also noted – two-thirds of family and friend respondents (66%) agreed that they have better relationships with the person with bipolar in their life, thanks to Bipolar UK.

*Table 32 – Fulfilling potential: Overall*

Respondents living with bipolar	Agree ☺	Disagree ☹	Net agreement
"Thanks to Bipolar UK I feel more able to fulfil my potential" (555)	53%	10%	43%
Friends and/or family respondents	Agree ☺	Disagree ☹	Net agreement
"I have a better relationship with my friend or family member (114)	66%	8%	58%

## 7. The cost of keeping people well

With an understanding of how effective Bipolar UK is at keeping people with bipolar well, it is possible to estimate how much it costs the charity to keep a person well. Where information about specific services allows, it is also possible to make similar assessments on an individual service level.

Costs in the tables below have been presented on a full cost recovery basis. As such, figures include the range of overheads required for the charity to deliver services safely, professionally, and compliant with charity and company good practice, legislation and other requirements.

Bipolar UK reports that the full cost of delivering the services and activities described in this report is £52,946 per month. There are at least 10,455 engaged unique users per month – the number of users of the website – so the maximum cost of each engaged user is therefore £5.06.

*Table 33 – Cost per unique users*

Minimum number of engaged users	Cost per month	Maximum cost per unique user per month
10,455	£52,946	£5.06

The results of this evaluation show that, across all activities and services, 57% of respondents are able to stay well thanks to Bipolar UK. This equates to an estimated minimum of 5,959 people who are kept well by Bipolar UK each month – at a maximum cost of £8.88 per person per month.

*Table 34 – Cost of keeping a person well: Overall*

Minimum number of engaged users	% of users kept well by Bipolar UK	Minimum number of people kept well by Bipolar UK each month	Cost per month	Maximum cost of keeping a person well per month
10,455	57%	5,959	£52,946	£8.88

Following the same logic, it is possible to establish the number of people kept well by most elements of the service, and the cost of doing so<sup>10</sup>.

The data suggests that it costs Bipolar UK less than £1 to keep a person well for a month via the website, newsletter or Facebook, but over £80 to achieve this via the callback and email service, and more than £100 using the peer support on Zoom service.

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<sup>10</sup> There is not enough available data to make assessments about the chatbot, Twitter or Instagram

*Table 35 – Cost of keeping a person well: By activity*

Activity	Minimum number of engaged users	% of users kept well by Bipolar UK	Estimated number of people kept well by Bipolar UK per month	Cost per month	Cost of keeping a person well per month
Website	10,455	62%	6,482	£6,416	£0.99
Newsletter	4,668	56%	2,614	£2,309	£0.88
Facebook	3,735	69%	2,577	£754	£0.29
Chatbot	2,249	n/a	n/a	£2,550	n/a
Facebook live	1,913	62%	1,186	£1,066	£0.90
eCommunity	1,220	56%	683	£12,498	£18.30
Twitter	1,205	n/a	n/a	£729	n/a
Instagram	500	n/a	n/a	£729	n/a
Self-management webinars	249	83%	207	£3,984	£19.27
Callback and email service	190	62%	118	£9,730	£82.53
Peer support on Zoom	160	74%	118	£12,181	£103.14



## 8. Conclusions

There have been considerable challenges for any organisation delivering services during the global pandemic, so for Bipolar UK to be reaching more than 10,000 people affected by bipolar each month during the Covid-19 crisis is in itself something of a success. That well over half of these people appear to have been kept well thanks to the charity is a considerable achievement.

Where the pandemic has had a devastating impact on the mental health of people affected by bipolar, this evaluation suggests that the charity stepped in to alleviate those stresses:

- One third of people with bipolar reported that they had more suicidal thoughts since mid-March due to the impact of the pandemic; as a result of using Bipolar UK, 30% of people agreed that they have fewer suicidal thoughts
- 60% reported increased challenges in self-management of their condition during lockdown – thanks to the charity, 71% more felt more able to manage their condition
- One in four were finding it impossible to access their crisis team, a third found it harder to access their psychiatrist; but thanks to Bipolar UK one in four users agreed that they needed fewer interventions by the statutory health services – and when people with bipolar did seek contact with a health professional, as a result of accessing the charity, the vast majority agreed that the contact was more helpful
- People affected by bipolar were struggling with their relationships, with isolation, with living their daily lives: three-quarters of the people who used the charity in this period were given a sense of belonging, and half reported better relationships with the people around them.

It is evident that the charity has had a major impact on those using its services during the Covid-19 crisis, but also apparent that the work of the organisation has itself protected the NHS: with one in four users having fewer interventions, that is potentially 2,500 people each month who didn't need to use health services during this period of the pandemic as a result of the charity.

In this period the charity adapted existing services, and bulked up or created new ones, to good effect. The breadth of the service offer seems to have ensured that a range of personalities, moods, needs and issues have been well supported – resulting in 70% of users, estimated to be more than 7,000 people each month, reporting that Bipolar UK has changed their life for the better.

The services altogether lead to roughly two-thirds of all users feeling that they are more able to cope with life, with ten of the eleven services being helpful to at least 78% of the people using them. Even the least useful service is helpful to half of its users.

The website is viewed as the most helpful service that the charity provides – and is the service which is most used and helps the most people. However, it is peer support on Zoom which evidently creates the most positive change, and the self-management webinars which are most effective at keeping people with bipolar well. It is not clear whether these services are particularly effective despite or because of the pandemic.

Despite a period of unprecedented change the evaluation suggests that during this period, it has cost the charity less than £9 each month to keep a person with bipolar well. The challenge for Bipolar UK for the future may be how to respond to the vast difference in reach and related cost per person helped between the different elements of the service.

Bipolar UK's mission is to empower everyone affected by bipolar to live well and fulfil their potential. The research overall found that 57% of respondents have been kept well, and 53% feel they have been able to fulfil their potential. There is room for improvement – and the findings of this evaluation are expected to feed into a wider service review. But it would appear as if, during this period of the Covid-19 pandemic, Bipolar UK's mission has been accomplished for 6,000 people with bipolar each month.

## Appendices

### i. Workings behind monthly unique user calculations

The table below explains how monthly unique user figures have been calculated. Most of these figures are best estimates based on the level of data available. The range of assumptions made are detailed below.

Activity	How calculated
Website	Total website bounce rate from April to August 2020 was 67.5%. Average monthly unique users April to August was 32,169. Figures used remove all bounced users ( $32,169 \times 67.5\% = 21,714$ ). Figures will include some people with limited engagement
Newsletter	Based on the open rate for each of five newsletters. Some people may open but not read. Some newsletters will be read by more than one person
Facebook	28 days Page Engagements on the last day of each month - defined by Facebook as 'the number of people who engaged with your Page. Engagement includes any click or story created. (Unique Users)'
Chatbot	Number of conversations. Some people may have more than one conversation per month. Some conversations will be viewed/used by more than one person
Facebook live sessions	Views of each Facebook live session (not attendees), divided by 4.4 - the ratio between total reach (the number of people using any content from the page) and total engagements (people actively engaging) according to Facebook data for Bipolar UK's activity in general
eCommunity	Monthly number of individuals who logged in to the community, regardless of whether they posted or responded to content
Twitter	Average monthly number of profile visits - being used as a proxy for people who have taken some action, noting the lack of useful data available (using impressions or mentions would be totally misleading. Figure taken from June to August only as April and May figures appear overly high
Instagram	Estimated figure based on daily interactions with about 200 users
Callback and email service	Telephone contacts received and email contacts actioned (so emails received that do not require action are not included). Assumes 27% of people use the service once (based on internal service data), and all other users make 2.5 contacts per month. Some responses will be used by more than one person
Self-management webinars	Number of views of the first session only on YouTube as provided by University of Cardiff in mid-September. Timeframe is longer than one month, which could increase the totals. Some people who attended the course live on Zoom at the time may not have seen it on YouTube
Peer support on Zoom	Number of attendees each month. Likely to include some people attending more than one group per month, offset by average being brought down by lower figure in April as groups were starting. Some groups very late to report meetings, so number could increase further