

# Bipolar disorder in adults

Quality standard

Published: 23 July 2015

Last updated: 18 February 2016

[www.nice.org.uk/guidance/qs95](https://www.nice.org.uk/guidance/qs95)

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This standard is based on CG185.

This standard should be read in conjunction with QS102, QS100, QS92, QS88, QS82, QS80, QS53, QS43, QS34, QS23, QS15, QS14, QS11, QS115 and QS188.

## Quality statements

Statement 1 Adults presenting in primary care with symptoms of depression are offered a referral for a specialist mental health assessment if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Statement 2 Adults with bipolar disorder have their early warning symptoms and triggers of relapse, preferred response during relapse and personal recovery goals specified in their care plan.

Statement 3 Carers of adults with bipolar disorder are involved in care planning, decision making and information sharing about the person as agreed in the care plan.

Statement 4 (developmental) Adults with bipolar disorder are offered psychological interventions.

Statement 5 Adults with bipolar disorder prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.

Statement 6 This statement has been removed and is replaced by statement 1: valproate in NICE's quality standard on antenatal and postnatal mental health.

Statement 7 Adults with bipolar disorder have a physical health assessment at least annually.

Statement 8 Adults with bipolar disorder who currently work, and those who wish to find or return to work, receive supported employment programmes.

# Quality statement 1: Referral for specialist mental health assessment

## Quality statement

Adults presenting in primary care with symptoms of depression are offered a referral for a specialist mental health assessment if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

## Rationale

The initial presentation in primary care for adults with bipolar disorder is usually with symptoms of depression. If the adult with bipolar disorder receives treatment for depression only, the intervention is ineffective and potentially harmful. If the adult presenting with depression has also experienced overactivity or disinhibited behaviour recently or in the past, depression may be a symptom of an underlying bipolar disorder. It indicates a need for further specialist mental health assessment.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Structure

Evidence of practice arrangements and written clinical protocols to ensure that adults presenting with symptoms of depression are referred for a specialist mental health assessment if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from service specifications.

## Process

a) Proportion of adults presenting in primary care with symptoms of depression who are asked if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Numerator – the number in the denominator asked if they have experienced overactivity or disinhibited behaviour lasting 4 days or more.

Denominator – the number of adults presenting in primary care with symptoms of depression.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of adults presenting in primary care with symptoms of depression who have experienced overactivity or disinhibited behaviour lasting 4 days or more who were referred for a specialist mental health assessment.

Numerator – the number in the denominator referred for a specialist mental health assessment.

Denominator – the number of adults presenting in primary care with symptoms of depression who have experienced overactivity or disinhibited behaviour lasting 4 days or more.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## Outcome

a) Referral rates for specialist mental health assessment.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Recognition of bipolar disorder within the community.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community health services and drug and alcohol misuse services) ensure that systems and protocols are in place for adults who present in primary care with symptoms of depression to be asked about experiences of overactivity or disinhibited behaviour lasting 4 days or more and referred for a specialist mental health assessment if needed.

**Healthcare professionals** ask adults who present in primary care with symptoms of depression about experiences of overactivity or disinhibited behaviour lasting 4 days or more, and follow local pathways and criteria for adults who need to be referred for a specialist mental health assessment.

**Commissioners** commission services that carry out specialist mental health assessments and ensure that local referral pathways are in place for adults who present in primary care with symptoms of depression who have also experienced overactivity or disinhibited behaviour lasting 4 days or more to receive a specialist mental health assessment.

**Adults who see their GP with symptoms of depression** are referred for a specialist mental health assessment if they have not been in control of their mood and behaviour for 4 days in a row or longer.

## Source guidance

Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2023), recommendation 1.2.1



## Definitions of terms used in this quality statement

### Symptoms of depression

Symptoms of depression include:

- depressed mood
- diminished interest or pleasure in all, or almost all, activities
- significant changes in appetite or weight
- slowing down of thoughts and reduction in physical movement
- fatigue or loss of energy
- beliefs of low self-worth or inappropriate guilt
- reduced ability to concentrate and sustain attention or marked indecisiveness
- hopelessness about the future
- significantly disrupted sleep or excessive sleep
- recurrent thoughts of death or suicidal ideation or evidence of attempted suicide.

[Adapted from [NICE's guideline on depression in adults](#), terms used in this guideline; depression]

### Referral for specialist mental health assessment

Adults with symptoms of depression presenting in primary care should be offered a referral for specialist mental health assessment if overactivity or disinhibited behaviour has lasted for 4 days or more. Overactivity or disinhibited behaviour may include:

- elated, expansive or irritable mood
- increased activity
- decreased need for sleep
- increased talkativeness

- fast or racing thinking
- inflated self-esteem or self-importance
- increased sexual activity
- attention easily drawn to irrelevant stimuli
- excessive involvement in activities with high potential for undesired consequences, such as overspending or risky behaviours.

[[NICE's guideline on bipolar disorder](#), recommendations 1.2.5 and expert opinion]

# Quality statement 2: Personalised care plan

## Quality statement

Adults with bipolar disorder have their early warning symptoms and triggers of relapse, preferred response during relapse and personal recovery goals specified in their care plan.

## Rationale

Bipolar disorder is a long-term condition that involves periods of wellbeing that may end abruptly because of relapse into mania, hypomania or bipolar depression. It is important for adults with bipolar disorder to have a personalised care plan in which they specify the care they want to receive, particularly in a crisis. It is also important that their care plan is focused on maintaining wellbeing, preventing relapse and achieving recovery goals. Specifying early warning symptoms and triggers in the care plan allows health and social care practitioners and carers to be alert to these and to intervene early to prevent or prepare for a crisis.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Structure

Evidence of practice arrangements and written clinical protocols to ensure that care plans specify early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, audit of clinical protocols or care plan templates.

## Process

a) Proportion of adults with bipolar disorder who have a care plan that specifies early warning symptoms of mania and depression relapse.

Numerator – the number in the denominator who have a care plan that specifies early warning symptoms of mania and depression relapse.

Denominator – the number of adults with bipolar disorder who have a care plan.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from care plans.

b) Proportion of adults with bipolar disorder who have a care plan that specifies triggers of mania and depression relapse.

Numerator – the number in the denominator who have a care plan that specifies triggers of mania and depression relapse.

Denominator – the number of adults with bipolar disorder who have a care plan.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from care plans.

c) Proportion of adults with bipolar disorder who have a care plan that specifies preferred response during mania and depression relapse.

Numerator – the number in the denominator who have a care plan that specifies preferred response during mania and depression relapse.

Denominator – the number of adults with bipolar disorder who have a care plan.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from care plans.

d) Proportion of adults with bipolar disorder who have a care plan that specifies personal recovery goals.

Numerator – the number in the denominator who have a care plan that specifies personal recovery goals.

Denominator – the number of adults with bipolar disorder who have a care plan.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from care plans.

## Outcome

a) Adults with bipolar disorder who feel enabled to self-manage their condition.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient questionnaires.

b) Health-related quality of life for adults with a long-term mental health condition.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient questionnaires.

c) Frequency of relapse rates among adults with bipolar disorder.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as secondary care services, GP practices and community mental health services) ensure that systems are in place for adults with bipolar disorder to specify

in their care plan early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

**Healthcare professionals** collaborate with adults with bipolar disorder to develop a care plan that specifies early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

**Commissioners** commission services that ensure that adults with bipolar disorder have a care plan that specifies early warning symptoms and triggers of mania and depression relapse, preferred response during relapse and personal recovery goals.

**Adults with bipolar disorder** have a care plan that specifies what to look out for that might mean they are becoming unwell again or things that might act as a 'trigger' to becoming unwell, what the person would prefer to happen if they become unwell again and their personal recovery goals.

## Source guidance

Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2023), recommendations 1.3.2 and 1.9.4

## Equality and diversity considerations

Some adults with bipolar disorder may find it difficult to express their needs and aspirations. They may also find it difficult to understand bipolar disorder and what options they have for living well with the condition. Healthcare professionals who develop care plans with adults who have bipolar disorder should ensure that they support these adults to understand the condition and the options available, using carers, interpreters or advocates if needed.

# Quality statement 3: Involving carers in care planning

## Quality statement

Carers of adults with bipolar disorder are involved in care planning, decision making and information sharing about the person as agreed in the care plan.

## Rationale

Carers of people with bipolar disorder should be involved at every stage of care provision if the person with bipolar disorder agrees to it. It is particularly important for adults with bipolar disorder and their carers to plan for periods of crisis during times of wellbeing. Adults with bipolar disorder should be encouraged to make advance statements specifying who should receive information and who should make decisions on their behalf if they are unable to.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that carers are involved in care planning, decision-making and information sharing about the adult with bipolar disorder as agreed in the care plan.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audit of local policies and procedures.

## Process

a) Proportion of adults with bipolar disorder whose care plan includes statements on information sharing with carers.

Numerator – the number in the denominator whose care plan includes statements on information sharing with carers.

Denominator – the number of adults with bipolar disorder with an identified carer.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from care plans.

b) Proportion of adults with bipolar disorder whose care plan includes statements on decision-making by carers.

Numerator – the number in the denominator whose care plan includes statements on decision-making by carers.

Denominator – the number of adults with bipolar disorder with an identified carer.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from care plans.

## Outcome

Carers' satisfaction with services.

**Data source:** [NHS Digital Personal social services survey of adult carers in England.](#)

## What the quality statement means for different audiences

**Service providers** (such as community health services and mental health services) ensure that systems are in place for carers of adults with bipolar disorder to be involved in care



planning, decision-making and information sharing about the adult with bipolar disorder as agreed within the care plan.

**Health and social care practitioners** ensure that they are aware of the role of carers and involve them in care planning, decision-making and information sharing about the adult with bipolar disorder as agreed within the care plan.

**Commissioners** ensure that local arrangements are in place to encourage adults with bipolar disorder to make advanced statements within their care plans on involving carers in care planning, decision-making and information sharing about them.

**Carers of adults with bipolar disorder** (who may be family members, partners or friends) are involved in care planning, decision-making and information sharing about the adult with bipolar disorder, which should be agreed with the person and included in their care plan. This is particularly important at the time of crisis when information should be given to carers who may need to make decisions on behalf of the adult with bipolar disorder if they are unable to.

## Source guidance

- [Bipolar disorder: assessment and management. NICE guideline CG185](#) (2014, updated 2023), recommendation 1.1.7
- [Service user experience in adult mental health. NICE guideline CG136](#) (2011), recommendations 1.1.14 and 1.1.15

## Definitions of terms used in this quality statement

### Carers

People who provide unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled. [[NICE's guideline on bipolar disorder](#), terms used in this guideline]

## Equality and diversity considerations

The workforce across agencies should, as far as possible, reflect the local community.

Health and social care practitioners should have training to ensure that they have a good understanding of the culture of families they are working with. Interpreters should be provided if no practitioner is available who speaks a language in which the carers can communicate easily.

## Quality statement 4 (developmental): Psychological interventions

Developmental quality statements set out an emergent area of cutting-edge service delivery or technology currently found in a minority of providers and indicating outstanding performance. They will need specific, significant changes to be put in place, such as redesign of services or new equipment.

### Quality statement

Adults with bipolar disorder are offered psychological interventions.

### Rationale

Currently very few adults with bipolar disorder can access appropriate psychological interventions because of capacity and training issues within mental health services. Psychological interventions specifically developed for adults with bipolar disorder (such as enhanced relapse prevention/individual psychoeducation or cognitive behavioural therapy for bipolar disorder) have been shown to improve symptoms and prevent relapses and hospitalisation. Adults with bipolar disorder can be offered psychological intervention as individual, group or family intervention depending on accessibility and suitability to them.

### Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

### Structure

a) Evidence of local arrangements for the provision of psychological intervention programmes.

**Data source:** No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from local service specifications.

b) Evidence of practice arrangements and written clinical protocols to ensure that adults with bipolar disorder are offered psychological interventions.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from local service specifications.

## Process

Proportion of adults with bipolar disorder who receive a psychological intervention.

Numerator – the number in the denominator who receive a psychological intervention.

Denominator – the number of adults with bipolar disorder.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## Outcome

a) Relapse rates for adults with bipolar disorder.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Hospital admission rates for adults with bipolar disorder.

**Data source:** [NHS Digital Hospital Episode Statistics](#).

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community health services and mental health services) ensure that systems are in place for adults with bipolar disorder to be offered psychological interventions.

**Healthcare professionals** offer adults with bipolar disorder psychological interventions.

**Commissioners** commission services that deliver psychological interventions and ensure that adults with bipolar disorder are offered a referral to these services.

**Adults with bipolar disorder** are offered psychological treatment for bipolar disorder to help them manage their symptoms and stay well in the future.

## Source guidance

Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2023), recommendations 1.2.5, 1.6.1 and 1.7.3

## Definitions of terms used in this quality statement

### Psychological interventions

Psychological interventions recommended specifically for adults with bipolar disorder include:

- a psychological intervention that has been developed specifically for bipolar disorder and has a published, evidence-based manual describing how it should be delivered **or**
- a choice of psychological intervention (cognitive behavioural therapy, interpersonal therapy or behavioural couples therapy) in line with the advice on treatment options for more severe depression in NICE's guideline on depression in adults.

Psychological interventions can be delivered as a one-to-one, group or family therapy and should address the presentation of adults with bipolar disorder. [NICE's guideline on bipolar disorder, recommendations 1.2.5, 1.6.1 and expert opinion]

## **Equality and diversity considerations**

Specialist mental health services should provide person-centred psychological interventions that are appropriate for different ethnic and cultural backgrounds and that take into account differences in beliefs about biological, social, psychological and family influences on mental states.

# Quality statement 5: Maintaining plasma lithium levels

## Quality statement

Adults with bipolar disorder prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.

## Rationale

Lithium is effective in treating mania, recurrent depression, and preventing further mood episodes and suicide in adults with bipolar disorder. It has a narrow optimum range, with plasma lithium levels below 0.6 mmol per litre ineffective and plasma lithium levels above 0.8 mmol per litre linked to increased toxicity.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Structure

Evidence of practice arrangements and written clinical protocols to ensure that adults with bipolar disorder who are prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from local medicines policies.

## Process

Proportion of adults with bipolar disorder prescribed lithium who had their dosage

adjusted if their plasma lithium levels were outside the optimum range.

Numerator – the number in the denominator who had their dosage adjusted if their plasma lithium levels were outside the optimum range.

Denominator – the number of adults with bipolar disorder prescribed lithium.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals, for example from patient records. Data can be collected using the [NICE menu indicator IND87](#).

## Outcome

a) Adults with bipolar disorder prescribed lithium who have their plasma lithium levels maintained within the optimum range.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Kidney function among adults with bipolar disorder prescribed lithium.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

c) Thyroid function among adults with bipolar disorder prescribed lithium.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community health services, mental health services and hospitals) ensure that shared care arrangements, procedures and protocols



are in place to adjust lithium dosage and maintain plasma lithium levels within the optimum range for adults with bipolar disorder prescribed lithium.

**Healthcare professionals** ensure that adults with bipolar disorder prescribed lithium have their dosage adjusted if their plasma lithium levels are outside the optimum range.

**Commissioners** specify in their contracts that there are shared care arrangements to ensure that adults with bipolar disorder prescribed lithium have their plasma lithium levels maintained within the optimum range.

**Adults with bipolar disorder who are prescribed lithium** have regular blood tests to check the amount of lithium in their blood and have their dose changed if they are not getting the right amount to ensure that it is both effective and non-toxic.

## Source guidance

Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2023), recommendations 1.10.15 and 1.10.19

## Definitions of terms used in this quality statement

### Plasma lithium levels within the optimum range

Plasma lithium levels below 0.6 mmol per litre are ineffective and plasma lithium levels above 0.8 mmol per litre are linked to increased toxicity. Once lithium has been started and stabilised, plasma lithium levels need to be maintained within the range of 0.6 to 0.8 mmol per litre.

If the adult with bipolar disorder needs plasma lithium levels maintained at above 0.8 mmol per litre, they should have their lithium levels monitored at least every 3 months. [Adapted from NICE's guideline on bipolar disorder, recommendations 1.10.15 and 1.10.20]

## Quality statement 6: Valproate

This statement has been removed and is replaced by [statement 1: valproate in NICE's quality standard on antenatal and postnatal mental health](#).

# Quality statement 7: Assessing physical health

## Quality statement

Adults with bipolar disorder have a physical health assessment at least annually.

## Rationale

Life expectancy among adults with bipolar disorder is estimated to be 15 to 20 years lower than for the general population. Causes contributing to high morbidity and premature mortality among adults with bipolar disorder include cardiovascular disease, respiratory disease, diabetes and obesity. Assessing physical health allows healthcare professionals to identify early signs and symptoms of poor health and take action to address them.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Structure

a) Evidence of local arrangements to ensure that adults with bipolar disorder receive a physical health assessment at least annually.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from local service specifications and practice case registers.

b) Evidence of local arrangements to ensure that symptoms of poor physical health identified during the physical health assessment of adults with bipolar disorder are addressed.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example audit of clinical protocols and local referral pathways.

## Process

a) Proportion of adults with bipolar disorder who receive an annual physical health assessment.

Numerator – the number in the denominator who received an annual physical health assessment within the last 12 months.

Denominator – the number of adults with bipolar disorder.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. Some of the information can be collected using [NHS Digital Quality and Outcomes Framework \(QOF\) indicators](#) MH003, MH006, MH007, MH011 and MH012 and [NHS Digital Indicators No Longer in QOF indicators](#) MH004 and MH005.

b) Proportion of adults with bipolar disorder who receive treatment or intervention for symptoms of poor physical health identified during the physical health assessment.

Numerator – the number in the denominator who receive treatment or intervention for symptoms of poor physical health identified during the physical health assessment.

Denominator – the number of adults with bipolar disorder who receive an annual physical health assessment that identified symptoms of poor physical health.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## Outcome

Premature mortality among adults with bipolar disorder.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## What the quality statement means for different audiences

**Service providers** (such as GP practices, community health services and mental health services) ensure that protocols are in place to carry out physical health assessment in adults with bipolar disorder at least annually, and that the assessment results are acted on.

**Healthcare professionals** carry out a physical health assessment at least annually in adults with bipolar disorder, take appropriate actions based on assessment results and share the results (under shared care arrangements) if the adult is in the care of primary and secondary services.

**Commissioners** ensure that they commission services that carry out an annual physical health assessment in adults with bipolar disorder at least annually, and take appropriate actions based on assessment results. They include this requirement in continuous training programmes and service specifications.

**Adults with bipolar disorder** have a physical health assessment at least once a year and receive support if any health problems are identified. A copy of the results should be sent to their care coordinator and psychiatrist, and put in their records.

## Source guidance

Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2023), recommendations 1.2.11 and 1.2.12

## Definitions of terms used in this quality statement

### Physical health assessment

A physical health assessment for adults with bipolar disorder should include:

- weight or BMI, diet, nutritional status and level of physical activity
- cardiovascular status, including pulse and blood pressure
- metabolic status, including fasting blood glucose or glycosylated haemoglobin (HbA1c), and blood lipid profile
- liver function
- renal and thyroid function, and calcium levels, for adults taking long-term lithium.

Hypertension, abnormal lipid levels, obesity or risk of obesity, diabetes or risk of diabetes, or physical inactivity among adults with bipolar disorder should be identified at the earliest opportunity and treated in line with the [NICE guidelines on hypertension, lipid modification, prevention of cardiovascular disease, obesity \(prevention, identification, assessment and management, weight management services\), physical activity and preventing type 2 diabetes](#). [Adapted from [NICE's guideline on bipolar disorder, recommendations 1.2.11 to 1.2.14](#)]

# Quality statement 8: Supported employment programmes

## Quality statement

Adults with bipolar disorder who currently work, and those who wish to find or return to work, receive supported employment programmes.

## Rationale

Although employment rates for adults with bipolar disorder are higher than for people with other severe mental health problems, bipolar disorder frequently leads to workplace underperformance, absenteeism and decline in occupational status. There are also particular risks for some people with bipolar disorder when they undertake shift work. Supported employment programmes can help adults with bipolar disorder stay in employment or move to another job, and identify employment opportunities for those who wish to find work.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure that adults with bipolar disorder who currently work, and those who wish to find or return to work, receive supported employment programmes.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from local referral pathways to supported employment programmes.

## Process

a) Proportion of adults with bipolar disorder who currently work who receive supported employment programmes.

Numerator – the number in the denominator who receive a supported employment programme.

Denominator – the number of adults with bipolar disorder who currently work.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of adults with bipolar disorder who wish to find or return to work who receive supported employment programmes.

Numerator – the number in the denominator who receive a supported employment programme.

Denominator – the number of adults with bipolar disorder who wish to find or return to work.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

## Outcome

Employment rates among adults with bipolar disorder.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. National data are collected in the [NHS Digital Mental health and learning disabilities data set](#) but are not specific for adults with bipolar disorder.



## What the quality statement means for different audiences

**Service providers** (such as GP practices, community health services and mental health services) ensure that systems are in place for adults with bipolar disorder who currently work, and those who wish to find or return to work, to be offered supported employment programmes.

**Health and social care practitioners** ensure that they are aware of local referral pathways for supported employment programmes, and offer these to adults with bipolar disorder who currently work or who wish to find or return to work.

**Commissioners** ensure that they commission services that offer supported employment programmes, and referral pathways for these programmes, for adults with bipolar disorder who currently work or who wish to find or return to work.

**Adults with bipolar disorder who work or wish to find or return to work** receive a place on an employment scheme (also called a supported employment programme) that helps them to stay in their current job, or to find or return to work quickly.

## Source guidance

Bipolar disorder: assessment and management. NICE guideline CG185 (2014, updated 2023), recommendation 1.9.6

## Definitions of terms used in this quality statement

### Supported employment programmes

Supported employment programmes provide support to people with disabilities or other disadvantaged groups to secure and maintain paid employment in the open labour market. [Expert opinion based on European Union of Supported Employment definition]

## Equality and diversity considerations

Services should work in partnership with local stakeholders, including those representing

minority ethnic groups, to enable adults with bipolar disorder to stay in work or education or find new employment, volunteering and educational opportunities.

Services should make reasonable adjustments (see the [Health and Safety Executive's Health and safety for disabled people at work](#)) to help adults with bipolar disorder stay in work or education, or find new employment, volunteering and educational opportunities.

Some adults may be unable to work or unsuccessful in finding employment. Other occupational or education activities should be considered for these adults, including pre-vocational training.

## Update information

**February 2016:** Statement 6 on the use of valproate in women of childbearing potential has been removed from this quality standard and is replaced by [statement 1 in NICE's quality standard on antenatal and postnatal mental health](#), published in February 2016. This change was made to ensure alignment with that quality standard and reflect more clearly that valproate should not be prescribed to treat mental health problems in women of childbearing potential unless in exceptional circumstances.

### Minor changes since publication

**August 2024:** Changes have been made to the guideline source and recommendation numbers in statement 3 to align with updated NICE guidelines on mental health. The guidelines were simplified by removing recommendations on general principles of care that are covered in other NICE guidelines.

**December 2023:** Changes have been made to align this quality standard with the updated NICE guideline on cardiovascular disease. Links to source guidance have been updated in the definition of physical health assessment in statement 7.

**June 2022:** The definition of symptoms of depression in statement 1 and psychological interventions in statement 4 were amended to align with the updated [NICE guideline on depression](#). Minor changes to data sources and references were also made throughout the quality standard.

**February 2022:** The definition of physical health assessment in statement 7 was amended to be clear that either fasting blood glucose or glycosylated haemoglobin (HbA1c) can be used to assess for diabetes, in line with [NICE's 2021 exceptional surveillance of testing for diabetes](#).

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details of standing committee members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this](#)

quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-1295-7

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of General Practitioners (RCGP)
- Rethink Mental Illness
- Bipolar UK