Reducing relapse and suicide in bipolar disorder: practical clinical approaches to identifying risk, reducing harm and engaging service users in planning and delivery of care – the PARADES (Psychoeducation, Anxiety, Relapse, Advance Directive Evaluation and Suicidality) programme

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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# **Plain English summary**

### The PARADES programme

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**B** ipolar disorder (BD) affects around 1 million people in the UK. People with BD experience periods of elevated and depressed mood across a spectrum. During high mood, people feel more productive and creative, but they can engage in behaviour that has a negative impact on their lives. During low mood, people may struggle to do basic things and may develop suicidal thoughts. To stabilise mood and improve recovery, guidelines recommend that people receive psychological therapy, although few know about or receive this. Having accurate and relevant information can enable people to manage their condition. People who were given an information manual, shared experiences and could personalise it in groups stayed well for longer (in terms of mania but not depression) than those meeting for the same length of time without the manual. For many people, anxiety and alcohol use were seen as an integral part of their BD experiences. In response, we developed two new therapies that addressed these issues as part of BD as opposed to focusing on them as separate issues. Both therapies were highly valued by service users but did not improve outcomes significantly.

A national study confirms that there is a high risk of suicide in people with BD, and that this is often linked to repeated self-harm. Relatives interviewed suggested that faster access to, and continuity of, care are vital in prevention. Finally, we identified changes needed to improve the use of the Mental Capacity Act 2005 (Department of Constitutional Affairs. *Mental Capacity Act 2005*. London: Department of Constitutional Affairs, HMSO; 2005) for people with BD. This act was designed to help people plan what they want to happen when they are too unwell to make decisions themselves. We successfully developed a 'Guide to Advance Planning', which has been downloaded over 20,000 times.

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