



Case Study: Integrated peer support for people affected by bipolar during Covid-19

By Bipolar UK

“The key learning from the pandemic has been the viability of online peer support groups.”

Simon Kitchen, CEO, Bipolar UK

Why did you decide to start this project?

Bipolar is a mood disorder characterised by extreme highs that can result in mania and psychosis and extreme lows that can result in deep depression and, tragically, suicide. Having bipolar increases the risk of suicide by 20 to 30 times. With 2% of the population living with the condition, we estimate that three people with bipolar take their own life every day in the UK. It was, therefore, critical, that we found ways to continue our support during the lockdown measures imposed for Covid-19.

How did it begin?

Bipolar UK was founded almost 40 years ago to provide peer support for people affected by the condition in the hope of empowering them to live well and fulfil their potential. Reducing suicidal thinking and keeping people safe during suicidal moments is a priority for the charity.

Over the years we have achieved this by developing a range of services from face to face groups, our eCommunity, a call-back service and providing an information hub on our website and social media. Peer support conversations range from information on effective self-management techniques to inspiring life stories and never to shy away from the risk of suicide and the role we all have to play in reducing it.

We're a staff team of 12 who work with over 200 volunteers with lived experience. Collectively

through our services and platforms we reach out to around 10,000 active service users every month. We maintain strong active links with academics and clinicians to ensure our advice and guidance is always evidenced based alongside being true to lived experience. Our safeguarding leads also liaise on a regular basis with crisis teams and frontline emergency services to get support to service users who are presenting as suicidal.

What challenges did you face under lockdown and due to Covid-19?

Operational and staff issues

- As a small charity, the challenge is always meeting the demands of a large and growing community of need. Covid-19 exacerbated this, forcing the closure of our face to face groups.
- Moving our team from being office to home-based.
- Reducing the wider team capacity, with staff put on furlough to protect the charity's finances following the fall in individual giving.

Impact on our community

- Our community found it particularly challenging. Our Covid-19 impact survey in May (which received 1,744 responses) found a significant drop in mental health, with the percentage of people experiencing mild to severe depression rising from 21% to 45%,

and a third reporting increased suicidal thoughts.

- Despite the small sample, a number of suicides were reported by close friends and families and almost twice as many people reported being hospitalised for suicide attempts than before Covid-19.

Reductions in other services

- Respondents also said that they found it hard, if not impossible, to access vital health services over the period, including GPs, psychiatrists and pharmacists.
- Many were more anxious about the virus itself than relapsing, and were keen to see the lockdown continue, suggesting mental health wouldn't immediately improve should lockdown measures be reduced.

How did you manage these challenges?

The charity transformed its services over a matter of weeks to enable people to receive peer support through digital platforms. That included piloting and rolling out peer support groups on Zoom, scaling up our social media presence with a new Instagram channel and regular Facebook Live sessions.

Lockdown also coincided with a new-look website that was kept up to date, highlighting the most relevant government guidelines to our community and top tips from clinicians on staying well with bipolar during lockdown.

What impact has the project had?

Our evaluation found this has had a hugely positive impact on our community: 30% of respondents said that the services had played a part in reducing suicidal thoughts. A number of respondents also stated that if it hadn't reduced suicidal thoughts, it did help them manage them more effectively.

The key learning from the pandemic has been the viability of online peer support groups. These will continue even when face to face groups are back up and running. In hindsight we should have probably started them before Covid-19 and lockdown happened.

Who enabled the project to go ahead?

The key enabler has been the resilience of our staff and our volunteers who reacted decisively to lockdown and piloted and evaluated the new Zoom groups in a matter of weeks. In the medium term, receiving a grant from Department for Digital, Culture, Media and Sport also proved critical to bringing staff back from furlough and enabling us to scale up our activity.

“ Our Covid-19 impact survey in May found a significant drop in mental health, with the percentage of people experiencing mild to severe depression rising from 21% to 45%. ”

What are your next steps?

We are managing uncertainty by focusing our energies on scaling up our digital presence. We will pilot re-opening a few face to face groups, dependent on venues providing their own track and trace systems and taking responsibility for Covid-19 adaptations.

We will be piloting more self-management courses in partnership with the Centre for Mental Health at Cardiff University, and considering the viability of integrating them into our core service offer. We will also be increasing signposting to our eCommunity through building referral links and online promotion.

We will be prioritising our website and social media as they clearly play a key role in reducing social isolation and fostering a sense of belonging in the community.

We are also reviewing our ways of working and are considering moving to remote working as the norm when things go back to normal. This would reduce overheads although it would carry its own risks around team cohesion and morale.