

## **BIPOLAR POLICY BRIEF**

### **SAVE LIVES OF BIPOLAR DISORDER PATIENTS IN WALES.....**



#### **Provide Free Food and Travel Vouchers for Bipolar patients**

Our aim is to accomplish a campaign strategy that can work for people with bipolar disorder, to assist them with free food vouchers and travel vouchers. Bipolar patients suffer from a majority of mental health issues and have a major worry about money. A simple task like going to the supermarket can also influence a dramatic episode of aggressiveness towards the cashier if they do not have the right amount of money for what they are purchasing. Free vouchers would contribute towards their spending on food. Traveling can be a great experience but the majority of people with bipolar cannot afford to travel due to less income. A free voucher for travel would be ideal for people with bipolar as they can ease their stress about travel expenses.



## **Introduction:**

This brief policy is intended for those who have bipolar disorder, their families, and anybody else who want to learn the fundamentals of the condition, including how to manage and treat it. It cannot be used in place of medical care from a physician or other mental health professional, but it can serve as a starting point for enquiries and conversations regarding bipolar disorder.

### Acknowledge:

Recognise and accept your own emotions. It's common for loved ones with bipolar illness to have conflicting feelings. Understanding this might assist you in managing these feelings when

You wish to assist your family member in taking recovery-oriented actions. For instance, you might be upset about what has happened and how it has affected you, as well as sorry that a member of your family suffers from a mental illness.

Agitation: An intense inward restlessness that frequently coexists with anxiety. Usually unable to remain motionless, patients may pace and wring their hands.

Antidepressants are medications that are used to treat depression symptoms. Other mental health issues including obsessive-compulsive disorder and panic disorder can also be treated with antidepressants.

Antipsychotics: Drugs that cure psychotic symptoms and rapidly regulate manic episodes. Antipsychotics can also stop new manic episodes.

Anxiety is a state of mind marked by extreme concern, perception, or fear of a real or perceived threat, vulnerability, or uncertainty. In a more severe form, it may manifest as extreme discomfort and panic, accompanied by symptoms including sweating, shortness of breath, nausea, dizziness, a racing heart, and a fear of losing control.

### Why is Wales National Health Service different to other UK Health Services.

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| <p>The incoming government in the UK has promised to "build an NHS fit for the future."<br/>However, the administrations of Scotland, Wales, and Northern Ireland are in charge of health</p> |
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inside their own countries; the UK government is only in charge of health within England (Tracey, 2024).

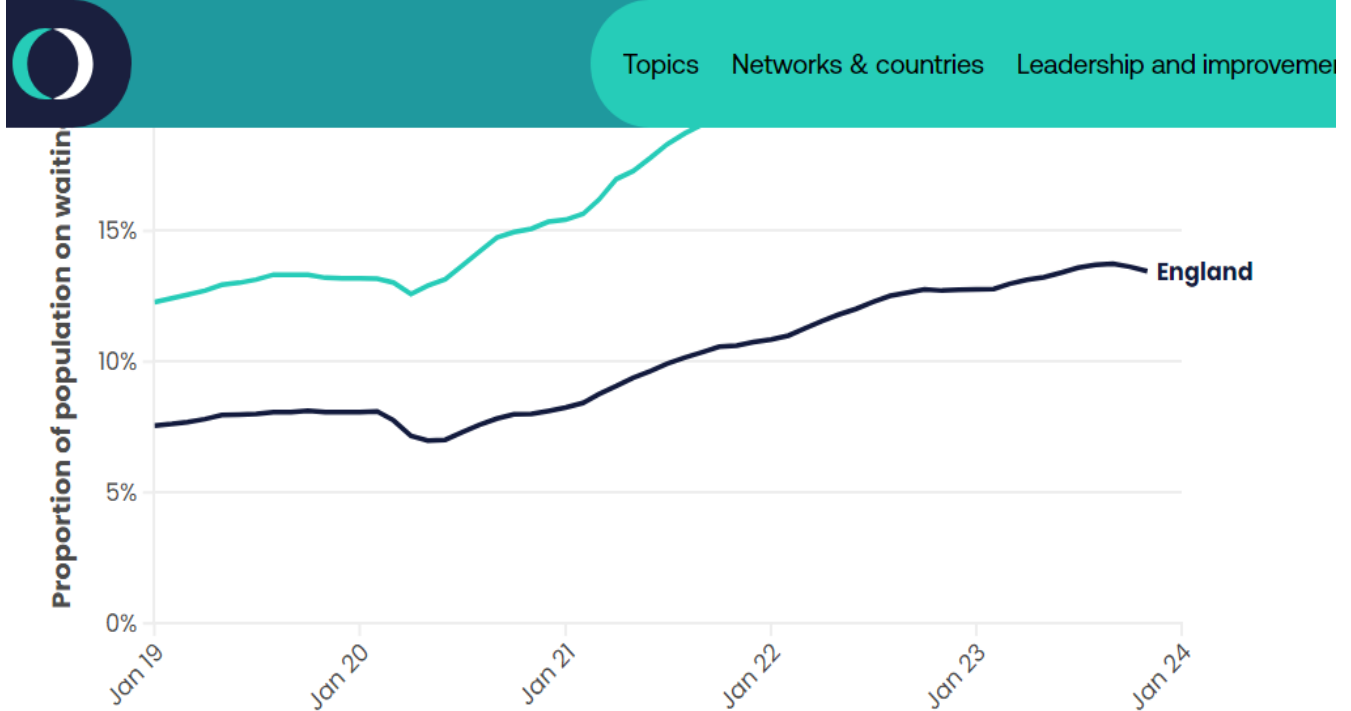
Waiting times are broken down each stage in Scotland and Northern Ireland. As some politicians have done in the past, these cannot simply be joined together to create whole paths. The two countries aren't directly comparable since they have different policy definitions, but the ONS has stated that these distinctions won't be the only factor contributing to the significant disparity in figures between the two countries (NHS, 2024).

The comparisons between the NHS in England and Wales is:

In Wales and England, waiting lists are a significant problem. Figures for England have been rising for the majority of the past ten years, despite the fact that a larger percentage of persons in Wales are on waiting lists\* than in England. The gap between two countries has been closing, as evidenced by recent data for November 2023 compared to November 2022, which shows a 1.4% increase in Wales and a 5.7% growth in England (Baker, 2024).

## Elective waiting list pathways as a proportion of population

England and Wales, Jan 2019 to present



Sources: [NHS England | Referral to Treatment \(RTT\) Waiting Times](#), [Stats Wales |](#)

[Patient pathways waiting to start treatment by month](#) • Note: We have removed the estimated proportion of non-consultant led pathways identified by the Chief Statistician for Wales, which are not within the England data.



Bipolar patients have been diagnosed much later than expected in Wales as the waiting list are beyond expectation. The Time taken for each person is to be seen by a doctor is dramatically outrageous. If the NHS found a way round seeing people much sooner lives would have been saved and treatment would have been available a lot faster than expected. Bipolar disorder patients lives could have been saved.

The two countries also have different priorities. Statistics for the longest waits are certainly made worse by Wales's general emphasis on treating patients with the highest clinical need first as post-pandemic recovery efforts have accelerated. The longest waiters have been the focus of English lawmakers' directives. Wales may have seen a recent trend towards the longest waiters, but statistics released thus far may not necessarily represent this.

The NHS in Wales and England are assumed to be addressing waiting lists with the same levels of resources, which affects their ability to do so. Comparing waiting list volume in isolation ignores the amount of resource (personnel, equipment, estates) and, consequently, capacity.

Seven local health boards (LHBs) have been in charge of overseeing and providing healthcare services in Wales since 2009. These Boards are in charge of the local population's health and serve as both commissioners and service providers (Worthington, 2019).

In other words, they contract with general practitioners, chemists, opticians and dentists to provide primary care services in the area, and they provide or commission the entire spectrum of health services, including hospital-based, mental health and community services.

Waiting times and patient transport are two examples of how the NHS in Wales differs from other UK cities.

### **Bipolar disorder: what is it?**

Energy and mood swings are hallmarks of bipolar disorder, a recurring chronic illness. Regardless of social class, nationality, or ethnic origin, it impacts over 1% of the global population. One of the primary causes of disability in youth is bipolar disorder, which raises mortality, especially suicide death, and impairs cognitive and functional abilities. Affected individuals often have a high prevalence of medical and psychological comorbidities. In clinical practice, it can be challenging to accurately diagnose bipolar illness because its inception is typically a depressed episode that resembles unipolar depression (Grande, 2016).

A mental health condition called bipolar disorder mostly impacts your emotions. If you suffer from bipolar disorder, you may occasionally experience:

Manic or hypomanic episodes are characterised by elevated moods.

Depressive episodes are characterised by poor moods.

Possible psychotic symptoms during periods of depression or manic episodes

These various experiences may be referred to as mood states or episodes.

There are three types of bipolar which a individual can be diagnosed with they are:

**Bipolar disorder 1-** Manic episodes lasting at least seven days or manic symptoms so severe that the patient requires emergency medical attention are characteristics of bipolar I disorder. Depressive episodes also usually happen, and they usually continue for at least two weeks. It is also possible to experience mixed-feature episodes of depression, which include both manic and depressed symptoms simultaneously.

**Bipolar disorder 2-** A pattern of hypomanic and depressed episodes characterises bipolar II disorder. In bipolar I disorder, hypomanic episodes are milder than manic episodes.

**Cyclothymic disorder,** commonly known as cyclothymia, is characterised by recurrent experiences of depression and hypomania that are either too brief or too strong to be classified as episodes (NIH, 2024).

### Intervention for prevention

Many individuals with bipolar disorder also suffer from other mental illnesses, such as eating disorders, drug or alcohol abuse, attention-deficit/hyperactivity disorder (ADHD), or anxiety disorders.

It is estimated that 50,000 adults in Wales, or 2% of the total population, suffer from bipolar illness. It is estimated that 250,000 more persons in Wales suffer from bipolar disorder as a result of having a close friend or family member with the illness.

After first discussing symptoms with a clinician, it takes an average of 11.9 years in Wales and 9.4 years in England to receive a diagnosis.

More than half of individuals with bipolar disorder go untreated, according to the Adult Psychiatric Morbidity Study, the most accurate prevalence number currently available. However, this study only contains data from England (Kitchen, 2023).

Another major cause of income inequality is bipolar disorder. It is more common for people with bipolar disorder to earn at least one-third less than the national average.

Some Bipolar patients end up on the streets or under the influence of alcohol or drug misuse. Bipolar patients need to be cared for and looked after the same as any other individual. Bipolar patients should be able to consider making options to be cared for by whom they feel comfortable with. They should be able to travel and explore the world around them.

### **What is at stake?**

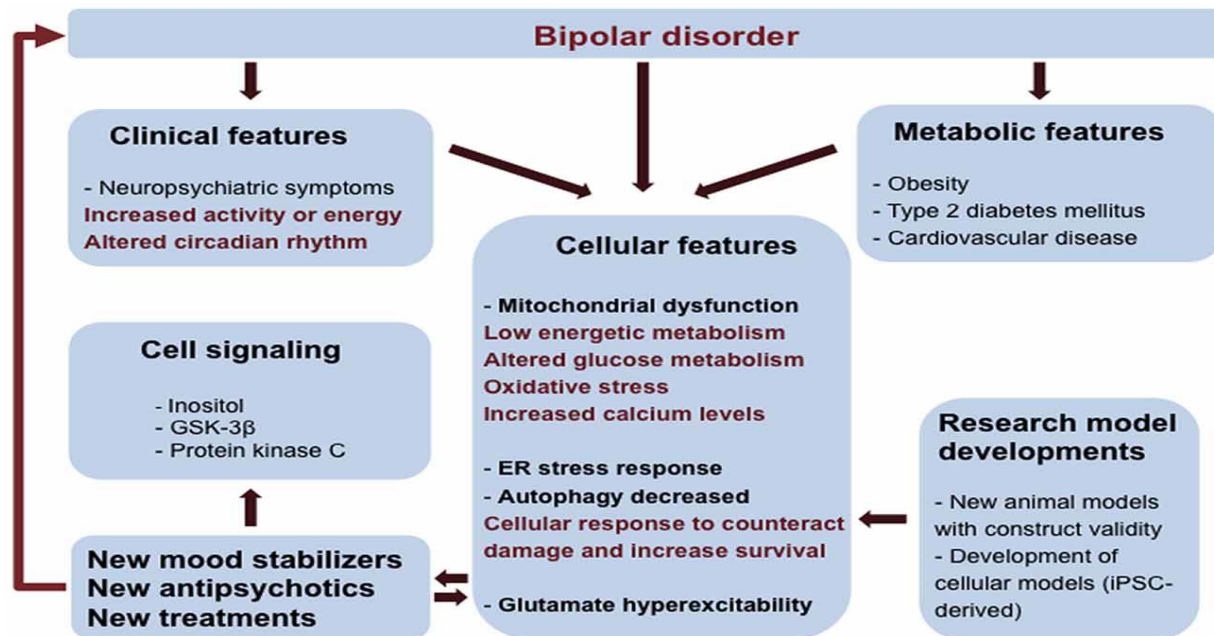
Lives of Bipolar patients should be saved and avoidable death.

Bipolar patients do not want to live on streets or doorways. They want the same care provided for them as the others. Lives matter and they want to be treated with respect.

Bipolar patients are being sent away from GP when they are ill, and they are not getting the right form of treatment. The GP receptionist has sent bipolar patients home because there are not enough appointments available due to circumstances. If more money was available, they could gone to private sector doctors, but the low income goes on food.

Free food vouchers would be a better option. Bipolar disorder patients have been left behind and not cared for as expected. Their lives have been brought to a standstill since some of them have been diagnosed with bipolar disorder. Mental health capacity has increased dramatically, and the NHS cannot deal with dilemmas. Some Bipolar patients are still left on streets and doorways.

Bipolar patients are ignored by the general practice (GP). The NHS has spent hundreds on things like improving the health care sector but not enough on staff who can help bipolar patients and understand their needs and abilities (Futurecare, 2024).



## Key facts:

A mental illness known as bipolar disorder is typified by manic (or hypomanic) and depressed periods that impact a person's mood, energy, activity, and thoughts.

Worldwide, an estimated 40 million people suffer from bipolar disorder.

Significant handicap and challenges in many aspects of life are linked to bipolar disorder.

Many individuals with bipolar disease face stigma and discrimination, receive incorrect diagnoses, or go untreated.

People with bipolar disorder can stay well with a variety of successful therapy choices that mix medication and psychosocial interventions.

### Symptoms of depression

Bipolar disorder shares many of the same symptoms as depression in general. To differentiate it from bipolar disorder, the more prevalent type of depression that doesn't involve periods of unusually elevated mood is frequently referred to as unipolar depression (Mendis and Mckechnie, 2023).

The primary signs and symptoms are:

feeling depressed, teary-eyed, or very low.

exhibiting no enthusiasm for or enjoyment of typically pleasurable tasks.

Other signs and symptoms may include:

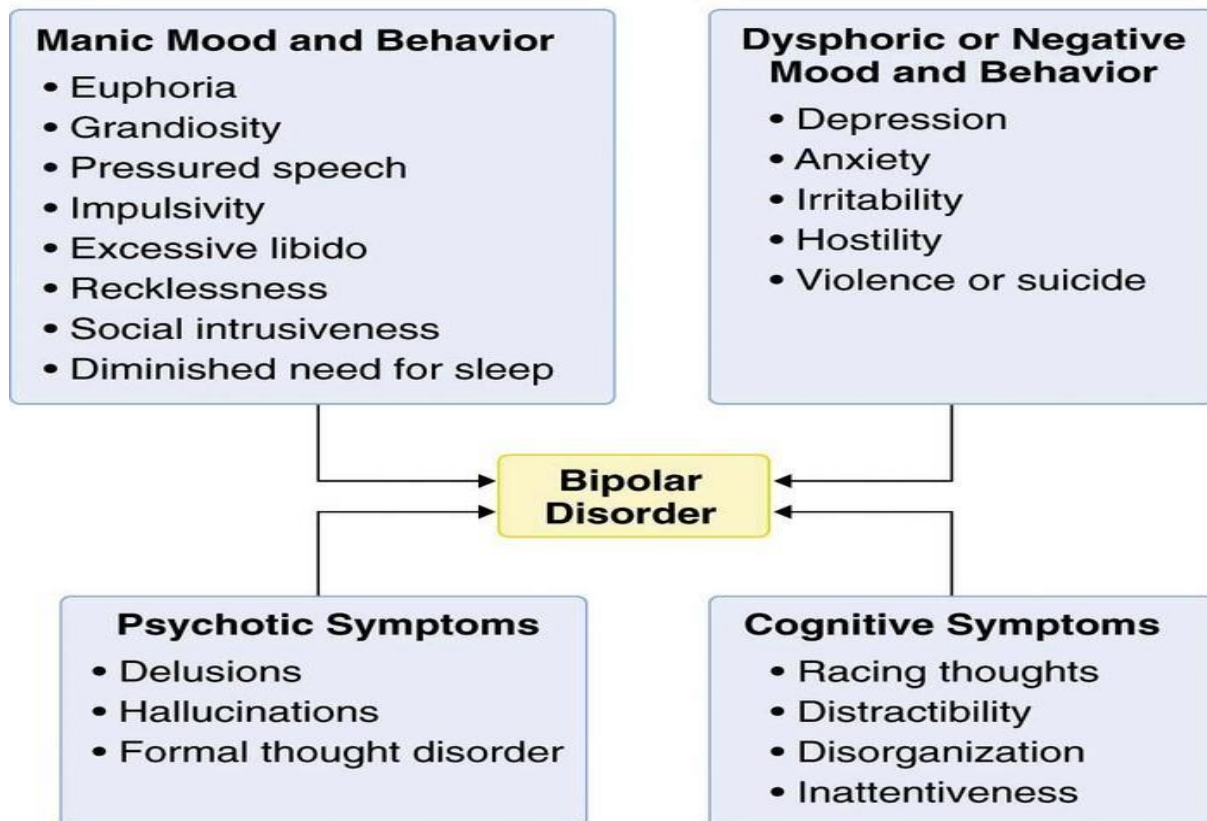
either eating too much or too little.

feeling worn out and drained.

Sleeping issues include having trouble falling asleep, waking up too early, or sleeping too much.



### Symptom Domains of Bipolar Disorder



The research approach for patients with bipolar disorder is to provide them with therapy. The latest therapy that the research has suggested is cognitive therapy for bipolar disorder. Cognitive therapy is a way to calm situations in individual's behaviors.

One brief, structured treatment that has shown effective for a variety of different disorders is cognitive-behavioral therapy (CBT). It is predicated on the notion that firmly held convictions or ideas have a significant impact on our mood and behaviour, as well as how we view the world and ourselves. For example, we might not bother seeking treatment if we are depressed and believe it won't help. This virtually ensures that our mood will deteriorate.

Cognitive therapy is to recognise these kinds of thinking, alter them, and enhance mood and functioning. Bipolar disorder is currently being studied with it. The initial findings are encouraging for treating depression and preventing further bouts.

### Bipolar disorder treatment

Although there is no cure for bipolar disease, there are therapies that can help control it. Together, you and a mental health professional will develop a treatment strategy.

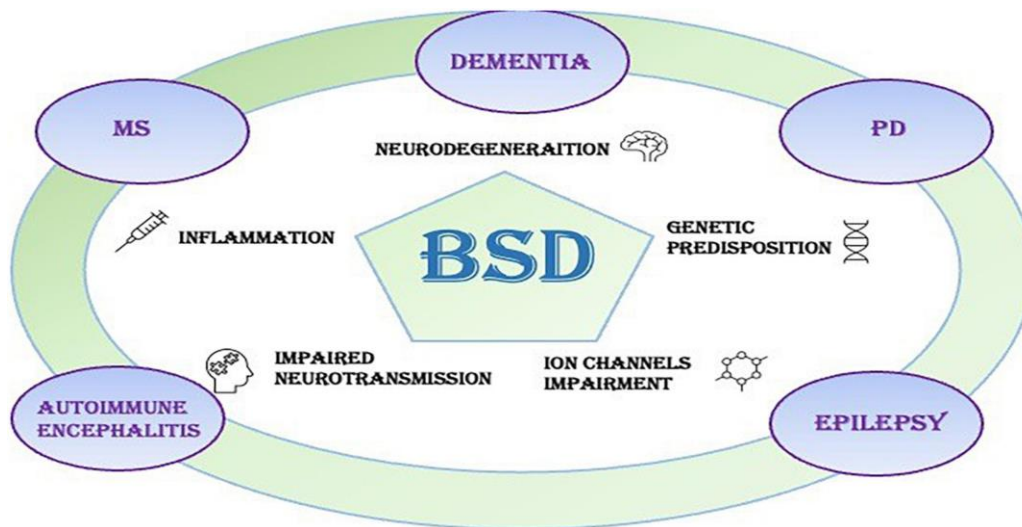
Among the treatments you might receive are:

medications that support mood stabilisation

Cognitive behavioural therapy (CBT) and other talking therapies

Certain medications must be taken consistently, while others should only be taken when symptoms worsen. (NHS, 2024)

The medications may have adverse consequences. Depending on the medication you take and how your body reacts to it, these will change.



More suicides are linked to Bipolar Disorder than to any other psychiatric illness. Completed suicide rates are four times higher than those among patients with recurrent major depression (Brown et al. 2000) and up to 15 times higher than those in the general population (Harris & Barraclough 1997). According to Angst et al. (2005), 11% (n = 45) of 406 BD I and II patients who were admitted to the University Psychiatric Hospital of Zurich between 1959 and 1963 had lost their lives via suicide. According to Jamison (2000), up to 50% of individuals with Bipolar Disorder make an attempt at suicide at some point in their lives.

A preponderance of depression, substance and alcohol abuse or dependence disorders, youth and male gender, recent onset of illness, significant anxiety, impulsiveness, a family history of suicidality, and social isolation are risk factors for suicide (Angst et al. 2005, Fawcett et al. 2000, Jamison 2000). Prior to suicide, stress related to recent life events also seems to be prevalent. Positively, uncontrolled research indicates that lithium, together with antidepressant and neuroleptic medication, lowers the risk of long-term suicide (Angst et al. 2005, Baldessarini et al. 2003).

According to the paper, having bipolar disorder doubles one's risk of suicide, and those who have the disorder account for at least 5% of all suicides. 98% of interviewees reported having relapsed at least once, and slightly more than half reported having been hospitalised, indicating substantial relapse rates. According to the survey, 15% of interviewees had lost their home as a result of their bipolar disorder, and people with bipolar disorder are thought to live 10–15 years less than

the general population, in part because cardiovascular disease is more common in this population. "I want to be treated like an individual by someone who really understands bipolar," stated one patient who was interviewed for the report. Not by many physicians who have just glanced at my notes each time (Kitchen, 2024).

### Bipolar disorder treatment resistance

Similar to major depressive disorder, bipolar disorder treatment resistance is controversial because it is a crucial but frequently difficult clinical task to determine whether persistent symptoms are due to true treatment resistance, poor tolerability, low treatment adherence, or the presence of comorbid disorders. Only after two or three trials of evidence-based monotherapy, adjuvant therapy, or combination should treatment resistance be taken into account.

Two or more drugs from distinct molecular classes are usually used to treat difficult-to-treat mania, with clozapine and electro convulsive therapy being considered if more traditional anti-manic treatments don't work. Despite the lack of evidence supporting their effectiveness, antidepressants and anti-manic medications are frequently used in bipolar depression. Considerations for treatment to lower suicide rates in bipolar disorder

The causes of suicide attempts and completed suicides are likely to be multifactorial, influenced by a variety of risk factors, including symptomatic illness, environmental stressors, comorbidities (especially substance abuse), trait impulsivity, interpersonal conflict, loneliness, or socioeconomic distress. These factors are likely to be present in both populations and, frequently, within individuals. The risk is largest during the transitional period after an acute hospitalisation, and it is especially high during depressed and dysphoric/mixed episodes. Lithium is one of the known medicines that may have antisuicidal effects.

Adults with bipolar disorder, as well as their carers, can benefit from family-focused therapy. Your loved ones will accompany you in therapy sessions for psychoeducation about bipolar disorder, training to improve communication, and training to develop problem-solving techniques.

Our Aims to get the local government to provide FREE food and travel vouchers for people suffering from bipolar disorder, on top of what benefit they are previously getting. providing trips for bipolar patients should an option and the chance of them getting to travel and explore.

## **Conclusion:**

The purpose of the policy brief was to acknowledge the current situation bipolar patients are suffering. They need help from the government, or the local council, should be prepared to provide some sort of solution for bipolar disorder patients need to go on holidays where the local council can provide vouchers or alternative free tickets. They also need free food vouchers. The way forward would be if bipolar patient were treated with respect.

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