



COMMUNITY BASED INTERVENTIONS FOR THE MANAGEMENT OF BIPOLAR DISORDER IN ADULTS IN THE UK: A SYSTEMATIC REVIEW

by

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DECLARATION

I, Rituben SanjayKumar Patel, declare that this dissertation has been composed by myself, that the work contained herein is entirely my own except where explicitly stated otherwise in the text, and that this work has not been submitted for any other degree or qualification, in whole or in-part, except as specified.

Signed: Ritu Patel

Date: 02/02/2026

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Abstract

Bipolar disorder is one of the major chronic mental illnesses in the UK. It is a common disorder and accounts for a considerable expenditure on the healthcare system. The disease is characterized by mood elevation (mania or hypomania) and depression, both of which are so severe that they adversely impact the individual's functioning, wellbeing and service needs. Policy and clinical sectors increasingly recognize the importance of community-based interventions (CBIs) as an alternative to hospital stays and treatment during a crisis only. This dissertation is a study on how effective community-based interventions are at managing bipolar disorder in adults in the UK.

A systematic review of the literature methodology was applied, and interpretivist research paradigm enabled the work to be guided by an inductive approach. December 2025 was the date when searches were conducted on major health databases such as Google scholar, PubMed and ScienceDirect. The Boolean search strategies, which are compatible with a PICO framework, were used in searches. The methodological quality of the studies was evaluated by means of the CAPS checklist. 11 articles from peer-reviewed journals, published during 2021-2025, which met the criteria, were identified and then analysed thematically.

The findings reveal CBIs are essentially a combination of multiple methods, for example, psychoeducation, specialised community outpatient services, peer-led and voluntary-sector support, community pharmacy-based interventions, and self-management tools delivered through digital devices and smartphones. Generally, the outcomes of these interventions correspond to medication adherence, self-management ability, service engagement, and psychosocial wellbeing, which are the areas that have been most directly impacted. A couple of the interventions have shown proof of lowered re-hospitalizations and higher satisfaction with care. Accessibility, co-design, and community-service integration are perceived top facilitators of the implementation process while the major barriers were workforce matter, regional inequalities, fragmented service delivery, and digital exclusion.

Mainly treatments for bipolar disorder are perceived to be pharmaceuticals and psychotherapy. However, the situation is different in the United Kingdom where the attention is being shifted from hospital care to community care of those with bipolar disorder. This study goes in detail discussing the role community-based interventions can play treatment procedures for bipolar disorder along with examination and diagnosis and self-management.

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List of abbreviations

BD: Bipolar disorder

BD-I: Bipolar I Disorder

BD-II: Bipolar II Disorder

BD-NOS: Bipolar Disorder not otherwise Specified

CBIs: Community-Based Interventions

CBTBAR: Cognitive Behaviour Therapy for Bipolar at Risk

CMHT: community mental health teams

INPI: Integrated Bipolar Parenting Intervention

MoB: Management of my Bipolarity

NHS: National Health Service

NOS: Not Otherwise Specified

QoL: Quality of Life

UK: United Kingdom

Chapter 1: Introduction

1.1 Establishing the Research Topic

Bipolar disorder is one of the major mental health issues in the UK and it is exhibited by a great percentage of adults. The bipolar disorder condition is defined as a mental disorder, which may be exemplified by alternating between elements of extreme moods, which is a key diagnostic feature in the Diagnostic, and Statistical Manual of Mental Disorders (DSM 5) (Mayo Clinic, 2024). According to a recent review, the lifetime morbidity of bipolar affective disorder among the population is between 1-2.5% (Elliott *et al.* 2021). This figure indicates the extent of prevalence of the disease and the need to have effective long term treatment interventions. The social burden of bipolar disorder in the UK is enormous: according to one study, the average cost per patient with the disorder is estimated to be £12,617 a year, and it reports that 68 percent of the total costs are due to lost productivity and informal care (Simon *et al.* 2021). Bipolar disorder is not only a clinical issue but also impacts on social policy and contributes to public-health related problems, influencing economic and epidemiological realities. The community-based interventions (e.g., family interventions, mental health services, group psychoeducation) (McLeroy *et al.*, 2003), which are used outside the inpatient setting, promise effective mechanisms to provide continuous support, decrease relapse, and decrease burden on the system.

1.2 Literature Based Background

Recent methodical data demonstrate the importance of psychosocial intervention to bipolar disorder, specifically at the initial stages of illness. An examination using a task force report revealed that there was a correlation between family-centred and cognitive-behavioural interventions and fewer recurrence risks or better symptomatic outcomes (Ratheesh *et al.* 2023). Furthermore, digital interventions are on the rise one randomized clinical trial revealed that a self-management intervention delivered via a Smartphone reduced the severity of depressive symptoms and promoted a higher quality of life in relationships (Goulding *et al.* 2022). Simultaneously, Smartphone monitoring has become more popular as a pilot study of the Monsenso system resulted in the findings of improved life quality, reduced perceived stress, and more frequent lithium use among the bipolar patients who used Smartphone-based monitoring (Faurholt-Jepsen *et al.* 2023). The findings suggest that community-based treatment interventions, such as psychological therapy or digital technologies, are effective. It could be effective to prevent relapse and to enhance the quality of life in bipolar disorder. Further research is necessary to optimize, scale, and tailor these community-based approaches to be applicable to large populations. This research, therefore, wants to examine

the existing community-based approaches and their functioning in enhancing health outcomes for people living with bipolar disorder in the UK.

Community-based mental health intervention continues to be the focal point in the existing discourse of public health since it facilitates long-term recovery, minimizes crisis services utilization, and enhances continuity of care. Numerous national and international policies point to the importance of available and combined support models (WHO, 2025). According to the recent UK policy report, community mental health services should also be made more personalised, multidisciplinary, and locally coordinated to ease the burdens on acute pathways (NHS England, 2024). These policy aspirations are strongly correlated with the needs of those with bipolar disorder that tend to require structured, continuous, and recovery-oriented intervention.

Community-based support is also needed to enhance long-term results since health priorities in the community focus on reducing the rate of relapses and promoting early intervention. These priorities are supported by the global mental health agenda, which states that greater emphasis should be placed on enhancing community-delivered care as it is necessary to improve equity and accessibility in mental health systems across the globe (World Health Organization, 2022). These broader discussions indicate the necessity to focus on relocating resources to community-based models that can increase participation, diminish stigmas, and diminish structural inequalities in delivering mental health services.

Implementing community mental health nurses within a single primary care mental health service that includes various mental health practitioners was a one-stop access to the various mental health interventions (Kenwright *et al.* 2024). This shows the reasons why community-based interventions are a primary area of importance in improving long-term outcomes in adults with bipolar disorder.

1.3 Rationale

The burden of bipolar disorder within the UK, and on the individuals, is heavy. Recent evidence shows that in the UK, there is more than one million individuals have bipolar disorder, one in 50 people live with bipolar disorder, making it one of the most prevalent long-term mental illnesses (Bipolaruk, 2025). The economic price is also inexorable: a UK study estimated the cost of bipolar disorder to society in 2018-2019 at £6.43 billion, which is a consequence of lost productivity and informal care (Simon *et al.* 2021). The occurrence of relapse is quite clinical: one of the cohorts of bipolar disorder in the UK reported 25.5 percent of adults relapsing at least once in five years (Hett *et al.* 2023). These reasons emphasize the role of community-based interventions. They will be able to provide non-acute care that is constant and non-

acute in non-hospital environments and assist in the reduction of relapse, self-management, and decrease the use of expensive hospital services. Community models, however, may not only optimize patient wellbeing, but they may also decrease strain in the system and economic cost at the system level in the UK situation.

1.4 The Research Focus

The target population for this research will be the community-based interventions that address the adult population of people with bipolar disorder in the UK mental health system. The primary objective is to evaluate the structured community support models, which are delivered beyond the hospital, including psycho education, peer-support programmes, community mental health teams, digital monitoring, and the voluntary-sector programs (Høgh Egmos *et al.* 2023). The interventions are intended to enhance functioning on a day-to-day basis, minimize relapse rates, enhance treatment adherence, and create greater stability in the long term. The community-centred care is becoming more topical due to the recent policy trends focusing on prevention, integrated care, and continuum of care in severely prolonged mental illness (WHO, 2025). The community mental health care involves the giving of crisis support, secures housing, and sheltered employment alongside the management of disorders to cater to the various needs of people (Anish and George, 2024). The stigma of treatment can be restricted by community-based services, which can result in early intervention (Saxena and Sharan, 2025). This validates the argument of focusing on alternative care and support provided by the community, instead of those provided in hospitals. Approaches that are delivered in communities are also consistent with the world recommendation; community-based care facilitates long-term recovery by providing culturally relevant interventions that are readily available (Al-Tamimi *et al.* 2021). It confirms the importance of targeting the interventions that were enforced in the community-based settings instead of the acute inpatient services.

According to WHO (2021), person-centred community services are important in ensuring the long-term recovery of individuals with severe mental conditions. The UK recommends that locally implemented community-delivered interventions can be utilized to reduce inequalities by enhancing access to psychological and social support among adults (Duncan *et al.* 2021). These facts prompt the use and restrict the review to populations of adults who are supported in the UK community setting. This method would provide clarity and would enable one to study in detail the way such interventions would operate in the existing national mental health systems. The area of this study is thus narrowed down to interventions that are implemented in the community setting in the UK, where long-term management of bipolar disorder is placed as a health priority. The targeted group is restricted to adults of eighteen years and older since

this is the major group to access structured community mental health services. Hospital-based interventions, inpatient interventions, and crisis-only interventions will not be included in the review to ensure that the review will be focused on non-institutional care and support that are delivered over a long period of time. In addition, to analyse the community structures comprehensively in relation to the national policies that embrace the concept of continuity, autonomy, and integrated psychosocial support.

1.5 Research Questions and Objectives

This dissertation is underpinned by the following research question, aims and objectives below.

Research Question: How effective are community-based interventions in managing bipolar disorder among adults in the UK?

Aim

The aim of this study is to identify community-based interventions which can be used to improve the condition of mental health in adults with bipolar disorder in the UK.

Objectives

- To identify the types of community-based interventions (CBIs) currently implemented within the NHS and voluntary sectors.
- To examine the perceived impact of CBIs on individuals' wellbeing and symptom management among people with bipolar disorder
- To explore the key drivers and barriers influencing the implementation of CBIs across different regions of the UK.

Approaches that are delivered in communities are also consistent with the world recommendations; community-based care facilitates long-term recovery by providing readily available and culturally relevant interventions. It confirms the importance of targeting the interventions that were enforced in the community-based settings instead of the acute inpatient services for people living with bipolar disorder.

1.6 Dissertation Overview

Chapter one introduced the main concepts of this research, with the research question, aims and objectives. Chapter 2 discussed the main research and literature about bipolar disorder community interventions. Chapter 3 reports on the methodology, research design, data collection, data analysis techniques, and ethical concerns. Chapter 4 presents the results of

the systematic review, which shows the key patterns and results without explanation. In the fifth chapter, the findings are discussed, their meaning is interpreted, compared to the already existing evidence made, and practical implications and limitations are discussed. Chapter 6 is the last and sums up the whole dissertation with the major insights, the response to the research question, and the future research and practice recommendations.

Chapter 2: Literature review/theoretical framework

2.1 Introduction

The chapter critically synthesises evidence about community-based interventions in the UK to support adults with bipolar disorder. As the study states, a growing change in terms of the shift in the treatment framework is evident in the literature, indicating the preference toward the community-based prevention of the disease over treatment in a hospital. First, an introduction to bipolar disorder is presented. Secondly, it highlights research and literature on the contribution of multidisciplinary, peer-assisted, and integrated models and strategies to enhance stability and well-being in people living with bipolar disorder.

2.2 Introduction to Bipolar Disorder

Bipolar disorder is a chronic psychiatric disorder manifested by periodic change of mood and energy, which severely affects functioning at social, occupational and personal levels. According to Jain and Mitra (2023), bipolar disorder is characterised by the presence of pronounced moods of elevated, such as hypomania and depression levels, and the moods may last several days to weeks and influence the general activity of life. The clinical image favours the diagnostic framework, also based on the major diagnostic manual (DSM-IV). The DSM-IV defines bipolar disorder as the presence of one or more manic or hypomanic episodes in combination with depressive episodes Jain and Mitra (2023), Furthermore, these episodes may be different in terms of severity and duration and usually separated by moments of relative mood stability.

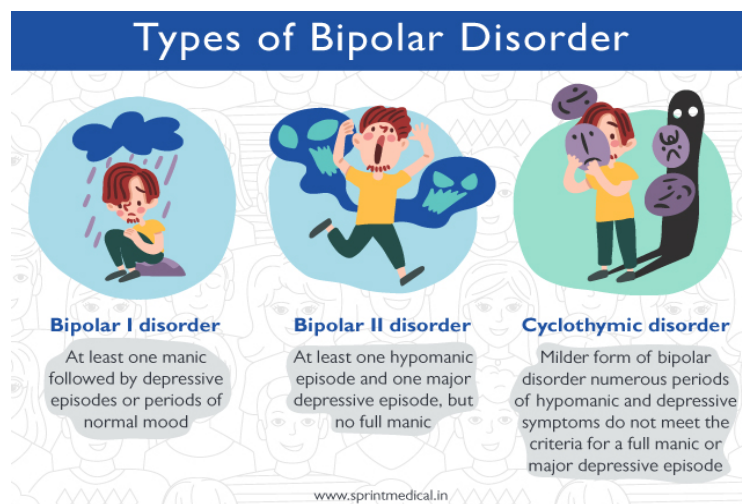


Figure.2.1. Type of Bipolar Disorder
(Aqdus,2003)

In England, about 1.7% of adults have met the criteria of bipolar disorder, with a large proportion of those continuing to lack disorder-specific mental health care, as there are service gaps in the utilisation of mental health care (Humpston *et al.* 2020). This prevalence information brings out the heavy burden of bipolar disorder in the UK population and the difficulty of identifying treatment and receiving suitable interventions at the opportune time. Additionally, bipolar disorder is often associated with other mental illnesses, including anxiety and drug abuse, making it difficult to evaluate and deal with the disorder in the clinic.

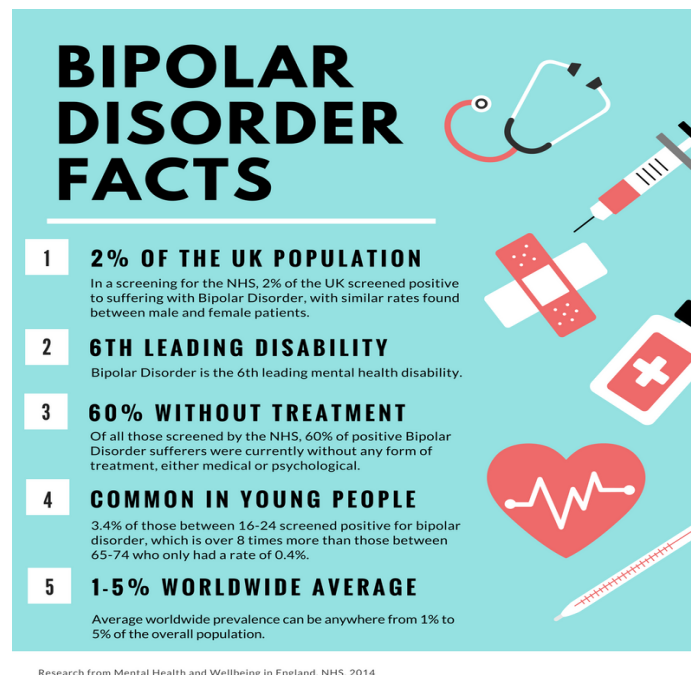


Figure 2.2. Bipolar Disorder Facts
(Dyer,2018)

The Treatment in the UK setting is therefore a combination of pharmacological methods, such as mood stabilisers and antipsychotic drugs, and psychological therapy to stabilise mood and prevent relapse (The National Institute for Health and Care Excellence, 2025) in the United Kingdom recommends a combination of pharmacological and psychological treatments for mental health problems such as bipolar disorder (Ashtons, 2024). This strategy often includes mood stabilisers (e.g., lithium) and antipsychotic drugs, as well as therapies like cognitive behavioural therapy (CBT) or psychoeducation, with the goal of managing acute symptoms, stabilising mood, and preventing future relapses. The official NICE website contains more information on evidence-based recommendations for specific conditions, as well as information about how to obtain services via the NHS website (Gründer *et al.* 2023).

Therefore, it is crucial to comprehend the multifactorial nature of bipolar disorder and the full management principles that can be used to inform clinical practice and enhance health outcomes.

Managing bipolar disorder requires a comprehensive approach that combines various treatment modalities tailored to the individual's needs. These treatment options play a vital role in alleviating symptoms and enhancing the quality of life for those affected.

- ✓ **Medications:**
 - Mood Stabilizers: Lithium, valproate, carbamazepine.
 - Antipsychotics: Olanzapine, aripiprazole.
 - Antidepressants: Used cautiously with mood stabilizers.
- ✓ **Psychotherapy:**
 - Cognitive Behavioral Therapy (CBT): Helps manage depressive symptoms and prevent relapse.
 - Psychoeducation: Increases understanding of the condition.
 - Family Therapy: Improves relationships and support systems.
- ✓ **Other Treatments:**
 - Electroconvulsive Therapy (ECT): For severe cases.
 - Transcranial Magnetic Stimulation (TMS): Non-invasive, for treatment-resistant depression.
 - Lifestyle Changes: Regular exercise, healthy diet, sleep regulation.



Figure 2.3. What are The Treatments for Bipolar Disorder?
(LAOP Editorial Team, 2025)

2.3 Community Mental Health Interventions provided by the NHS

The community-based interventions (CBI) offered by the NHS serve as the baseline framework for managing bipolar disorder in the UK. This is intended to cover holistic, preventative, and accessible care. According to Abendstern *et al.* (2021), community mental health teams (CMHTs) employ multidisciplinary staffing and models to employ psychiatric nurses, social workers, psychologists, and care coordinators. This also provides personalised services and long-term follow-up of the disease. CMHTs are the key to organising community interventions that focus on early detection and regular follow-ups. The study claims that psychoeducation and relapse-prevention planning provided by NHS services increase symptom recognition and treatment adherence, which is crucial since relapse rates are over 50% in 2 years of non-follow-up (Wada Gaolalwe *et al.*, 2024). This helps by demonstrating the prevention method of the community to lower acute deterioration. In the study, psychological therapies, such as cognitive behavioural therapy and interpersonal therapies help in better emotional regulation and stability. This is valid because structured therapy enhances functional recovery, other than medication management. According to the study, crisis resolution and home treatment teams (CRHTTs) decrease hospital admissions by 30-40% by assisting the individuals in acute episodes at home (Yang, Glover and Wood, 2025).

Therefore, the NHS community intervention proves that long-term, multidisciplinary care has a crucial influence in terms of long-term outcomes.

2.4 Interventions of the Voluntary Sector and Peer-Support Models

Interventions in the voluntary sector are a supplement to the NHS services in that they offer holistic, accessible and socially oriented help to individuals with bipolar disorder (Lee *et al.* 2022). According to the research, peer-led support groups, provided by organisations, including Bipolar UK, Mind, and Rethink Mental Illness, are a source of support in which peers share lived experiences and coping mechanisms that reinforce emotional resilience and minimise isolation (Cooper *et al.*, 2024). This is connected to enhance the treatment engagement and aids individuals in dealing with long-term mood instability. The study claims that psychoeducational programmes facilitated by volunteers involve early warning signs and relapse management (Deans *et al.*, 2025). This leads to better self-monitoring and amplified medication adherence. This helps to fulfil the informational gap that is not mentioned in the statutory services. According to Deng *et al.* (2023), the study, digital peer support groups, which are moderated through online systems and national helplines, improve their communication by up to 60% (Deng *et al.*, 2023). This helps the users to improve well-being results by communicating on demand and on time. The study states that voluntary organisations also offer social-inclusion programs involving employment, housing, and community reintegration to minimise social risk factors associated with relapse (Kokko *et al.*, 2020). Altogether, the intervention of the voluntary sectors provides flexible and empowering support systems to supplement clinical care.

2.5 Community-Based Care Models

Combination and hybrid community-based care models involve NHS-led clinical service provision together with voluntary sector support services in establishing pathways to bipolar disorder management that are integrated and comprehensive. Research further shows that integrated teams comprising psychiatrists, psychologists, social workers, and peer-support facilitators decrease fragmentation and enhance continuity in the clinical and social care domains (Reeves *et al.*, 2024). This is relevant due to integrated pathways that can tackle the complexity of bipolar disorder that goes beyond the treatment of the symptoms to social stability and lifestyle support. Fulceri *et al.* (2023) found that collaborative care models with shared decision-making and follow-ups lessen the severity of symptoms by up to 25%, which proves that the multi-agency cooperation is effective. This demonstrates that integrated care enhances clinical and functional outcomes. The hybrid intervention, such as one to exercise groups, community workshops, and creative activities, enhances well-being and reduces loneliness. This is applicable since social connection is a preventive measure against relapse.

Tay *et al.*'s (2021) study revealed that blended digital-face-to-face monitoring systems can maximise the early detection and compliance programme through mobile devices to achieve real-life reviews. Altogether, both integrated and hybrid models demonstrate clinical expertise and support by the community and provide more sustainable and holistic recovery pathways.

2.6 Perceived Impact of Community-Based Interventions on Well-being and Symptom Management

2.6.1 Effect on treatment adherence and reduction of relapses

The community-based interventions have a significant impact on enhancing the level of treatment compliance and decreasing incidences of relapse in adult bipolar disorder patients. The study has shown that community-based structured psychoeducation programmes have a great effect on increasing the knowledge of people (Anindhita *et al.*, 2024). The knowledge refers to medication routines, mood tracking, and early warning effects, which lead to the improvement of adherence behaviour in the long run. This supports the study that improved knowledge will decrease the chances of sudden stopping medication use, which is one of the significant stimuli of relapse. According to Hikmat *et al.* (2025), community-based relapse-prevention models and frequent check-ins, individual plans, and support follow-ups can decrease the frequency of relapses by up to 30-40. This proves the effectiveness of regular interaction with the community. This describes to underscores the role that continuous support plays in stabilising mood swings. According to Duval *et al.* (2022), adherence programs instil a feeling of responsibility and experience to observe the people's community program on treatment regimens. The study claims that digital community platforms provide reminders and self-monitoring applications to maintain constant engagement and decrease the chances of forgetting to take necessary medication doses. Altogether, the community-based interventions show a significant role in enhancing compliance and reducing relapse-associated disturbances.

2.6.2 Psychosocial Well-Being and Daily Functioning Improvements

The community-based interventions have an important role in enhancing psychosocial well-being and the normal functioning of adults with bipolar disease. According to Suragarn, Hain and Pfaff (2021), engagement in organised community programmes offers a chance to individuals to establish social networks, and this lowers loneliness and improves emotional coping abilities. This is related to social isolation, which one of the most common causes is such as contributes to mood instability and influences daily life. According to Bilkay and Gürhan (2025), peer-led support groups are known to assist a person in acquiring and honing communication skills, problem-solving abilities, and confidence. This allows an individual to

manage interpersonal relationships and work stress better. It has provided evidence in managing the psychosocial developmental increases stability beyond clinical symptom management.

Even psychological therapies administered in the settings of the community, such as CBT or interpersonal therapy, leads to the achievement of emotional regulation and resilience (Milic *et al.* 2025). Therefore, the respondents exhibit significant changes in the social functioning scores. The structured therapy reinforces cognitive processes that aid in making decisions daily. The study further states that the community-based organisations also offer holistic support in terms of employment, housing, and day-to-day management, which makes them more independent and participate in the community (Milic *et al.*, 2025). Altogether, this evidence indicates that intervention-based communities have a positive impact on emotional well-being, competence, and functional stability in daily life.

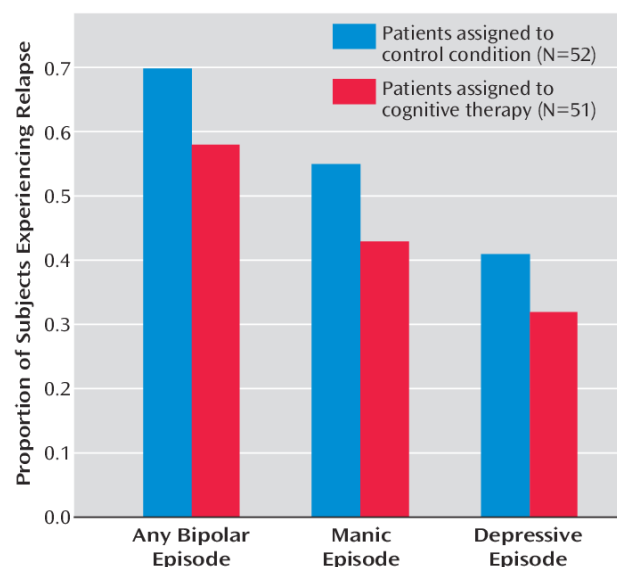


Figure 2.4. Relapse Prevention with Bipolar Disorder: Cognitive therapy outcomes After 2 Years

(Lam *et al.*, 2005)

2.6.3 Effect on Crisis Prevention and Hospitalisation Rates

The community-based interventions are important in preventing the crisis, along with minimising the rate of hospitalisation of bipolar disorder victims. According to Tu *et al.* (2025), early intervention models adopted some strategies at the community level. This can allow stakeholders and individuals with mood swings as a result, make necessary changes to medication or treatment in time and avoid the growth of acute episodes. This study supports the topic, as early intervention is necessary in lessening the severity of a manic or depressive

episode that usually leads to emergency hospitalisations. According to Soldini *et al.* (2022), community-based Crisis resolution and home treatment models resulted in a decrease of 30-40% in inpatient care. This proves that intensive support can be provided with the help of community teams and in familiar settings. This helps in supporting the process of community-based crisis management reduces the dependence on hospital-based services.

Additionally, according to Simmons *et al.* (2023), peer-support systems provide emotional grounding at a time of distress, which eliminates any sense of panic or hopelessness. This may lead to crisis de-escalation for patients with bipolar disorder. This would be applicable since emotional stabilisation beyond clinical environments reduces utilisation of emergency services. According to Gleason *et al.* (2025), digital community interventions with mood-tracking and 24-hour helplines offer fast-track options in times of crisis in the initial stages of escalation. Therefore, community-based mechanisms significantly decrease the hospitalisation rates and size, as well as encourage stabilisation in the home and community environment.

2.7 Drivers and Barriers that shape CBI Implementation in UK Regions for people living with bipolar disorder

2.7.1 Drivers for Effective CBI Delivery

A number of critical forces have reinforced the provision of community-based treatment of bipolar disorder in the UK, which allows more accessible and proactive treatment. According to the study, it explains nationwide mental health policies that encourage integrated and community-based solutions. This solution has greater funding access paths and organisational assurances on CBIs to enable more uniform service growth. This supports the study by alignment of policy enhances rapid implementation as it offers structural legitimacy as well as long-term plans. According to Roach *et al.* (2025), effective delivery occurs through multidisciplinary collaboration between psychiatrists, psychologists, social workers and peer facilitators. Therefore, these facilitate delivery with comprehensive assessment, holistic treatment and coordinated follow-ups of individual cases. This study supports that statement regarding the complex bipolar needs is met through shared expertise based on collaborative models. According to Milic *et al.* (2025), digital technology, including remote surveillance devices and online support groups, has enhanced accessibility. Moreover, an early warning system and data indicate that digital users are more engaged than traditional constructs. The digital resources enhance the coverage of CBIs to a variety of populations. According to Asgharzadeh *et al.* (2025), the involvement of the voluntary sector contributes to the continuity, emotional support, and a sense of community. This voluntary sector reinforces and secures

the recovery pathways. Altogether, these drivers indicate the effectiveness of CBI implementation, which requires the support of the policy.

Combination intervention has the potential to enhance the evidence base of community-based care sustainable models. This service focuses on clinical, functional, and personal recovery of transitional residential rehabilitation of community-based models of care (MoCs) (Harvey *et al.*, 2023). It is also a contribution to the improved comprehension of the fact that the success of the intervention is predetermined by structural, economic, and cultural contexts. The research will contribute to the current body of knowledge by providing a parallel of solid results in other parts of the globe, with new hypotheses based in the United Kingdom. It informs the provision of viable, fair, and comprehensive community-based bipolar care.

2.7.2 Systematic and Structural Barriers

The effective community-based intervention has serious structural and systematic barriers that influence the consistency and quality within the UK. According to Hobbs and Wood (2025), chronic shortage of workforce in NHS community mental health services, especially in the form of various services, such as psychiatric nurses, psychologists, and care coordinators. This restricts the ability to provide comprehensive and frequent follow-ups. This limitation ensures the gaps in the workforce are direct limitations to the access and promptness of CBIs. According to funding differences and budgetary crunch lead to unequal access to community programmes, and certain areas have less access to psychological therapies and structured psychoeducation.

Structural barriers, which created community-based intervention strategy is related with societal stigma and poor treatment adherences in the community-based practices. According to Naqvi *et al.* (2025), the differentiation between NHS, social care and voluntary organisations creates a communication barrier, which also impedes coordination of treatment planning and continuity. This applies since patients with bipolar disorder frequently need combined assistance in various fields. According to Latifian *et al.*, (2023), the segmentation and lack of awareness among the population of patients with bipolar disorder have diminished engagement. Along with that lack of understanding and societal stigma are responsible for lower down the treatment measures of bipolar symptoms among the young adult community. Therefore, some people tend to postpone treatment in fear of discrimination. Altogether, this limitation of the treatment is a structural constraint to the optimal implementation of CBI. This implementation may cause issues in terms of capacity by providing an adequate workforce, funds, coordination, and public awareness.

2.7.3 Inequalities of Region and Access

There are other issues, such as regional inequalities, that create a further challenge to the application of community-based interventions in the UK. According to Maxime Inghels *et al.* (2025), treatment-related resources, such as CMHTs, crisis teams, psychological therapies, and voluntary organisations, are more accessible in urban areas than in rural and remote areas. Therefore, the remote areas lack specialists and services to deal with bipolar disorder. These insights help the study by asking for the need to create equal resource allocation based on every geographical location in the UK. According to Benedict *et al.* (2025), facilities, such as travel distance, poor transport systems and lack of local clinics in the rural areas, reduce attendance and fast tracking to early interventions. However, early intervention is essential in preventing relapse. This study supports to demonstrate the gap in on-time treatment by mitigating the environmental barriers that are responsible for creating bipolar disorders among the young adult of the UK. According to Humphreys *et al.* (2025), socio-economic deprivation has an additional effect on access to CBIs. Therefore, it is observed that deprived areas have greater demand and fewer programmes, leading to longer waiting times and less engagement. Moreover, the differences between the cultures and languages among various communities have an influence on service adaptation as well as meeting the actual local needs. Altogether, the regional inequality indicates the availability and efficiency of CBIs in the UK, which is dependent on geographic, socioeconomic, and cultural aspects.

2.8 Theoretical framework

2.8.1 Health Belief Model

One of the most prominent foundational frameworks in the domain of healthcare is Health Belief model. HBM is one of the effective theoretical frameworks which can be used to guide health promotion as well as disease prevention programs (Ruralhealthinfo, 2025). One of the studies that complement the insights regarding the processes of relationships which ultimately result in proper well-being is Social Support. It is proven through study on bipolar affected individuals that properly developed social networks can help decrease the likelihood of a relapse and enhance the emotional control of bipolar adults (Shin and Lee, 2021). The theory is a testament to the significance of peer support, the role of community involvement, and family involvement in community interventions. In essence, the most effective model is the Health Belief Model (HBM), where the perceived risks, benefits, and barriers are established to directly affect treatment adherence (Yu *et al.* 2020). The medication beliefs, to a large extent, influence the bipolar self-management behaviours due to the perception of stigmatisation and anticipated relapse (Atroszko *et al.* 2021).

The HBM gives insight into the discrepancy in the degree of involvement in the community environment (Tashiro, 2022). The self-determination theory (SDT), which emphasises autonomy, competence, and relatedness as the motivators towards the promotion of mental health stability, is also informative in this study. There is current evidence that SDT-based interventions are correlated with higher motivation, compliance, and emotional stability in persons with mood disorders (Chu *et al.* 2022). This theory shares much with the community-based psychosocial models that place emphasis on patient-centred care. The theoretical framework that informs intervention initiatives in online communities helps to encourage them to adopt more digital monitoring and vaginal therapy, a mood-tracking application.

A significant predictability of the use of digital mental health systems regarding perceived usefulness (Lee and Lee, 2021). This theory is applied in gauging the e-facets of the UK community services. The Consolidated Framework of Implementation Research (CFIR) is a framework that offers a systematic approach to the comprehension of the organisational and systemic factors and their influence on the implementation of interventions. The CFIR is a tool of critical importance to the workforce capacity study (Chapoutot *et al.* 2021). This theory asserts the investigation of the adoption and retention of bipolar interventions by communities of teams within the UK.

The theories involve a comprehensive theoretical model that consists of behavioural, social, structural, and technological bipolar community-based care. They facilitate the analysis mode by locating the personal experiences and their effects on the system as a whole. The framework assists in the subtle display of the findings and provides a certain justification as to how a future intervention may be developed.

2.8.2 Discussing key theories: Health Belief Model

Defining key terms and relevant concepts:

One of the key terms that the current research has been taken into account is bipolar disorder. In managing Bipolar disorder, BPD or bipolar disorder self-management programmes have been discovered to be very helpful in enhancing the degree of symptom awareness and relapse (Gonzalez-Ochoa *et al.* 2022). These findings validate the significance of individualised tools, self-monitoring mechanisms, and community support mechanisms. In addition to the above discussion, the Health Belief Model (HBM) speculates over the role played by beliefs up to the extent to which the susceptibility, severity, benefit, and barriers can influence the health behaviours. The model facilitates the reasons behind the successes and failures in the execution of the treatment plans by the individuals (Olowe *et al.* 2024). The impact of the perceived risks and emotional load on the selection of the adherence patterns

of patients with mood disorders (Atroszko *et al.* 2021). Bipolar disorder is one of the conditions in which the HBM ideas can be most effectively applied because the stigma, side-effect issues, and motivation changes tend to influence the decision to treat (McCartan *et al.* 2024). A combination of these theories informs the perception of patient engagement in the UK-based interventions based on community-to-community circumstances in the context of motivation, autonomy, and perceived value of support services.

The self-management model contributes to the explanation of how an individual's social perception can combine the structured routines, education and coping strategies in everyday life (Deliu *et al.* 2025). The mood follow-up, premature warnings and behavioural strategies to follow in stability maintenance (Aljohani *et al.* 2021). The model can be applied during the assessment of the peer-support psychoeducation-digital tool community intervention. It also coincides with the UK policies of promoting recovery-based and individualised care. The Health Belief Model gives the patient engagement information with the revelation of motivational forces that triggered the community engagement (Zeng *et al.* 2025). The differences in compliance with the treatment, attendance to support programmes, and use of the digital monitoring systems can be explained with the help of HBM (Zhao *et al.* 2022). In addition, perceived usefulness and low obstacles to emotion are also important in engaging in the mental health community programs (Lee and Lee, 2021). The model can be applied to examine how the beliefs would be applicable to the response to the psychoeducation, collaborative care, and online mood-tracking services in the UK. The theories provide systematic instruments of clarification that reinforce the overall knowledge on behaviours, attitudes, and outcomes of community-based interventions for bipolar. They enhance analytical integrity and shed light on explaining the experiences of the patients, their engagement, and the effectiveness of the service.

2.9 Literature gap

A significant understanding of the nature, role and perceived usefulness of community-based interventions in adult bipolar disorder. However, there are a number of gaps in the knowledge about their applicability and effectiveness in the UK. The majority of evidence is devoted to describing single models of interventions, including CMHTs, psychoeducation, CRHTTs, and peer-support programmes. In addition, there is a lack of studies that compare NHS-led and voluntary-sector interventions in one framework. This creates a knowledge gap on these parallel systems interrelate and complement each other in practice. The perceived effects of CBIs on well-being, relapse prevention and functioning are frequently based on small-scale or condition-specific assessments. This limits the extrapolation to the diverse populations in the UK to control bipolar disorder. However, the evidence is not comprehensive about differences

in outcomes among various demographic or clinical groups. Moreover, the disparities between the availability of services, funding and workforce capacity but the literature on these structural variations influence CBI implementation. This gap is important to conduct extensive research that will incorporate service models, user experiences and regional disparities.

2.10 Summary

The literature review indicates that there is a lot of evidence available on the application of community-based intervention in the management of bipolar disorder, but the literature has a lot of gaps. It falls in line with the effectiveness and implementation of the interventions in the UK, over the long term. The review explains the patterns of engagement, adherence, and recovery of people living with bipolar disorder using a mixture of the behavioural, motivational, and structural theories. It also describes the impacts of self-management and belief-motivated behaviours on the outcomes of interventions. The review lays a base of good theoretical and empirical data in the UK regarding the assessment of community-based care models.

Chapter 3: Research Methodology

3.1. Introduction

The systemic and effective planning for conducting this research on community-based interventions for people living with bipolar disorder are discussed and elaborated in this methodology chapter. The roadmap of exploring the impact of community-based interventions for managing bipolar disorder in UK adults was highlighted through the methodology. This chapter contained a discussion of the research philosophy, approach, strategy, data collection, analysis and synthesis methods used to answer the research questions in a step-by-step approach. Quality assessment tools such as PRISMA and CASP were used in this research for study selection regarding research on community-based interventions. The National Institute for Health and Care Excellence (NICE) in the United Kingdom recommends a combination of pharmacological and psychological treatments for mental health problems such as bipolar disorder (Alyafei and Carr, 2024). This strategy often includes mood stabilisers (e.g., lithium) and antipsychotic drugs, as well as therapies like cognitive behavioural therapy (CBT) or psychoeducation, with the goal of managing acute symptoms, stabilising mood, and preventing future relapses. The official NICE website contained more information on evidence-based recommendations for specific conditions, as well as guidance on how to obtain services via the NHS website.

3.2. Research philosophy /paradigm

An interpretivist philosophical approach was selected for this healthcare research on UK adults to process the database on bipolar disorders and the community-based interventions systematically. In other words, interpretivism was applied for developing exploratory research to support this research to build understanding, raise awareness on complex social and healthcare issues related to community-based interventions to address bipolar disorder. Reliability Issues and risk of Over-Interpretation are two limitations of interpretivism philosophy within a research methodology (Pervin and Mokhtar, 2022). Thus, the effectiveness of holistic analysis can be collected through this healthcare research on bipolar disorder under the interpretivist philosophical approach.

3.3. Research approach

An inductive research approach was selected in this community-based intervention healthcare research between the inductive and deductive aspects. As per the views of Diori (2021), deductive research approach indicates a top-down method for narrowing the research analysis as well as avoiding the empirical database. On the other hand, the inductive approach suggests focusing on establishing new theoretical aspects to meet the research objectives

(Okoli, 2023). Ensuring clarity, objectivity and applicability of the healthcare research, the selection of inductive approach was suitable.

3.4. Research strategy

Aligning the philosophical paradigm with the approach is conducted through the strategy within the research. A research strategy was selected for this healthcare research to link community-based interventions and bipolar disorder in the UK adult group. Beyond numbers, the effectiveness of community-based intervention on preventing bipolar disorder among the UK adults was explored by applying the Systematic Literature Review strategy. On the other hand, numerical databases are more preferred under a quantitative research strategy within a project (Ghanad, 2023). This health care research phenomenon can be complex because of the high dependency on non-numerical research literature. A flexible and theoretical aspect of exploration of the literature was included in the research that makes a direct link between community-based intervention and bipolar disorder. Therefore, no numerical database analysis in this healthcare research could support meeting the objectives.

3.5. Study design – systematic review

A systematic review followed by a secondary research design was selected for this healthcare research to highlight the strategic blueprint for supporting the data collection as well as analysis. The goals of research design in a methodological section include producing accurate and consistent results by minimising bias and errors (Polas, 2025). Synthesis of existing evidence and processing with rigorous, transparent databases are the effectiveness of systemic review in research. In addition, the secondary research design provided the opportunity to conduct an in-depth analysis of the existing literature on the community interventions for bipolar disorder. Furthermore, exploratory research design is supported in systematic review research as it promotes inconclusive results (Akyil *et al.* 2025). Thus, selection of systematic review format followed by a descriptive design help answer the research question of this healthcare research thoroughly.

3.6. Method of data collection

The systematic review used a search strategy within this research on bipolar disorder among UK adults, as well as community-based interventions. Identification of all relevant healthcare studies using Boolean operators and using a combination of keywords, and databases were used as components of this search strategy. Research key terms such as “community interventions”, “adult mental health”, “local policy”, “England”, “improving mental health services” “collaborative treatment pathway”, “NICE guidelines”, “attitudes toward treatment”, “bipolar disorder”, “clinical practice change” “smartphone-based monitoring”, “clinical

feedback", "digital intervention", "bipolar disorder", "SmartBipolar trial" "self-management smartphone intervention", "relapse prevention", "quality of life", "symptom burden", "bipolar disorder digital intervention" "relapse rates", "bipolar disorder cohort study", "UK mental health", "risk factors for relapse", "5-year outcomes" "community mental health nurses", "integrated primary care", "effectiveness study", "mental health service delivery", "observational cohort" "early intervention bipolar disorder", "systematic review", "early course BD I & II", "clinical interventions", "ISBD taskforce" "mental health resources", "public health services", "global mental health systems", "service delivery", "resource availability" "economic burden", "cost of bipolar disorder", "healthcare costs UK", "mental health economic evaluation", "bipolar disorder financial impact" "motor function SMA", were mainly used to gather relevant articles from relevant databases. Therefore, the PICO framework is used in this research to ensure the search process.

Selecting some relevant keywords related to this healthcare research, the database could be optimised. BOOLEAN operators include the factors AND and OR that have been used for constructing keywords in a research topic and finding the relevant peer-reviewed journal articles for answering the research question. Google Scholar, PubMed and ScienceDirect are the databases used in this healthcare research to find journal articles on community-based interventions and bipolar disorder patients. Therefore, accumulation of information from the popular healthcare data sources has been effective in achieving topic-oriented as well as peer-reviewed articles.

Application of BOOLEAN Operators to search-terms:

OR: "bipolar disorder" OR "manic depression"

AND: "Community-based intervention" AND "Adult Health Management"

HAND searching or 'backward citation searching' has been followed in this study with the aim of finding relevant articles that have been missed in the process of 'standard electronic database searches.

3.7. FRAMING THE RESEARCH QUESTION

Table 3.7.1: PICO search terms

PICO	Search Terms
Population	Adults in the UK who suffer from bipolar disorder
Intervention	Community-based intervention for managing bipolar disorder
Comparison	N/A
Outcome	low anxiety, financial stability, quality of life, independency in Adults in the UK who suffer from bipolar disorder
SETTING	UK healthcare context has been considered following healthcare plan settings

In the UK healthcare contexts, community-based healthcare interventions for adults with bipolar disorder involve integrated care pathways, focusing on multidisciplinary support to achieve the desired outcomes, as demonstrated by the PICO.

3.8. Inclusion/Exclusion

Table 3.8.1: Inclusion/Exclusion Criteria of Research

PICO	Inclusion Criteria	Exclusion Criteria
Population	Adults (aged 18 years or older) with a confirmed diagnosis of bipolar disorder (BD-I, BD-II, BD-NOS (Not Otherwise Specified) or cyclothymic disorder)	Individuals under 18 years of age with a primary diagnosis of schizoaffective disorder or other psychotic disorders where bipolar symptoms are secondary
Intervention	Application of pharmacological treatments and psychosocial interventions such as cognitive behavioural therapy and psychoeducation	Studies focusing solely on acute episode management and not evidence-based
Comparison	Comparison against standard of 'treatment-as-usual (TAU)'	Inactive or no comparator groups unless the study follows qualitative design
Outcome	Reduction of depressive episodes, time to remission/relapse, reduced hospitalisation, improved social and occupational functioning, reduced self-harm/suicidal ideation and improved health-related quality-of-life	Outcomes not measured with valid and reliable instruments
Setting	Community setting (outpatient, general practice, community mental health teams) in the UK	Outside community settings

The above inclusion/exclusion criteria were used for this research focus on including observational studies 'randomised controlled trials', prospective cohort studies and mixed-method cases published in the last five years with English language preference. Systematic reviews, grey literature and sources written in languages other than Standard English were excluded along with those published earlier than 2021.

3.9. Study Selection

The final included 11 studies have formed the basis for data extraction, critical appraisal and thematic synthesis presented in Chapter 4 in accordance with PRISMA-aligned systematic review standards. Explaining the rationale of choosing and discarding articles from title and abstract, the primary goal is to filter out the irrelevant studies by comparing study design and outcome specificity. Further, the access to full text downloading and screening for evaluating the content relating to the research question formulated by PICO has been considered, which enhanced the credibility and reliability of results. Followed by the initial search results, full-text screening based on PRISMA as well as a quality appraisal through CASP checklist have also taken place, resulting in the justified decision of discarded articles.

3.10. Data Analysis

Data analysis in systematic reviews plays a critical role in combining, evaluating and integrating findings from multiple individual findings for developing a comprehensive and overarching understanding of patterns (Mancin *et al.* 2024). Following conducting a systematic review, a thematic analysis method has been followed using the five major steps. The data analysis method of 'Thematic Analysis' can be defined as the process of identifying patterns for meaning interpretation in qualitative studies (Ahmed *et al.* 2025). Following the common stages of 'familiarisation', 'coding', searching for themes, reviewing themes, defining/naming themes and writing up, the objectives are followed for the development of themes regarding the review of literature community-based intervention assessment for bipolar disorder-affected adults.

3.11. Ethical CONSIDERATIONS

The overall methodological process has been conducted in an ethical way. This research applied correct paraphrasing, academic referencing, honest reporting and unbiased interpretation of findings to comply with good ethical conduct. Furthermore, this healthcare research has been conducted by following the Copy Right Act 1988 of the UK to avoid copying information and adhere to correct Harvard referencing practice. The Copyright Act 1988 influences the practice of copy-pasting and plagiarism within a research project (Gov UK, 2025). In addition, university guidelines regarding ethical standards are maintained to ensure the reliability and validity of this.

3.12. Limitations of the research/risk of bias

The limitations and risk of bias in systematic reviews stem from poor primary study quality, publication bias (favouring positive results), heterogeneity (different populations/methods), selection bias (reviewers choosing studies) and reporting bias. Lack of time and budget are

critical constraints that significantly impact the quality, scope, and validity of research projects (Wang *et al.* 2022). The key factors leading to the facilitation of bias in primary research include randomisation and allocation concealment, loss of follow-up with participants and selective reporting towards securing favourable outcomes (Hartung *et al.* 2025). In essence, the current systematic review has tried to minimise risk of bias by focusing on objective oriented and key word specific search.

3.13. Chapter summary

It can be summarised that the selection of 11 articles as part of a Systematic Review through applying PRISMA and the decision of discarding grey literature has been impactful for maintaining greater validity and reliability of results. Applying the CASP (Critical Appraisal Skills Programme) tool, this study has followed a series of checklist questions for the assessment of the quality of the selected sources. Aligning the inclusion/exclusion criteria of source selection with the data extraction and synthesis requirements further contributed towards the effectiveness and rigor in the methodology of this study.

Chapter 4: Results

4.1 Introduction

This chapter focuses on the results analysis of this systematic review synthesizing evidence from the selected studies on community-based interventions (CBIs) for people with bipolar disorder. This chapter aims to provide a structured overview of research findings, including the characteristics, outcomes and implementation factors of the included studies in line with the research objectives. The systematic review and study selection are summarised by presenting study characteristics. The thematic data analysis is undertaken to identify patterns, similarities and differences across interventions. The analysis focuses on the types of CBIs implemented, their perceived impact on well-being and symptom management and the key drivers and barriers influencing implementation across different settings. This chapter evaluates a coherent evidence base that informed the subsequent discussion and conclusions of the review.

4.2 PRISMA framework

The table shows a summary of the systematic literature search undertaken for this review. The searches have been conducted in December 2025 across multiple sources to ensure comprehensive identification of relevant 11 article published between 2021-2025 (see Figure 4.1).

4.3 Prisma

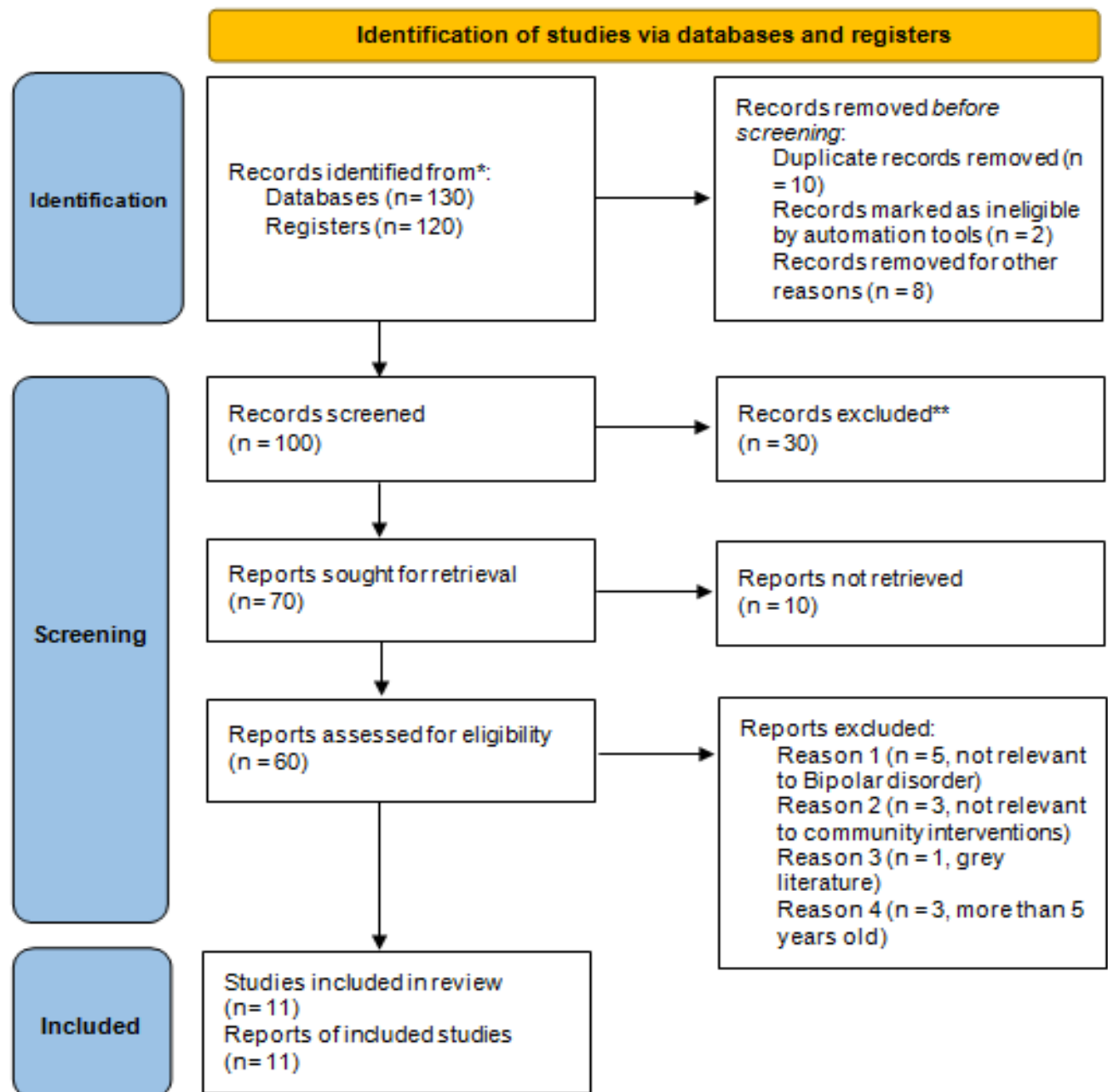


Figure 4.1: PRISMA Tool

Application for selection of source 'PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) tool' is an evidence-based guideline and checklist, designed to help researchers in transparent and comprehensive reporting of systematic reviews and meta-analyses (Parums, 2021). The initial screening and final inclusion of 11 articles have been based on the BOOLEAN operators (OR/AND) applied to the core search key-terms, aligned to the afore-discussed inclusion/exclusion criteria.

4.4 Characteristics of all tables

Author Name and Title	Objective/ Purpose	Settings Sample	Methodology Study design	Strength	Weaknesses	Results / outcomes
Morton et al. (2025) A Brief Video-Based Intervention to Improve Digital Health Literacy for Individuals with Bipolar Disorder: Intervention Development and Results of a Single-Arm Quantitative Pilot Study.	To evaluate a video-based intervention aimed at Improving digital and mobile health literacy among individuals with bipolar disorder	42 adults diagnosed with bipolar disorder	Single arm quantitative pilot study using pre- and post-intervention web-based surveys for feasibility and preliminary effectiveness	Use of validated eHealth Literacy Scale (gHEAL supports reliability y and construct validity. Focus on digital safety and resource quality Improves relevance)	Small sample size limits generalized ability sampling strategy not specified, enhancing risk of selection bias, lack of control group limits	Participants described improved digital and mobile health literacy including ability to evaluate app data protection and quality of digital health resources
Marsha II et al. (2022) Caring for a Family Member with psychosis or bipolar disorder who has experienced suicidal Behaviour: an exploratory qualitative study of an online peer-support forum.	To explore carer's experiences for supporting relatives with psychosis or bipolar disorder who exhibit the suicidal	178 posts by 29 forums users	Qualitative thematic analysis of online forum posts, appropriate as evaluate	Rich qualitative data improves credibility; real-world digital context supports ecological	Small, self-selecting sample size limits generalis ability dependence on online posts	Three themes have been identified to explore fear, repeated crises and challenges accessing support
Parker et al. (2025) Cognitive behavioural therapy in comparison to treatment as usual in young adults at high risk of developing bipolar disorder (Bipolar At Risk): a randomised controlled trial to investigate the efficacy of a treatment approach targeted at key appraisal change: Bipolar At Risk Trial II (BART II).	To evaluate the efficiency and mechanisms of CBT for individuals at Bipolar at Risk (BAR) in preventing transition to bipolar disorder	5 NHS sites UK young people meeting BAR criteria	Multicenter rater-masked RCT comparing CBTBAR+TAU vs TAU appropriate for effectiveness and Mechan	RCT design strengthens internal validity, multicenter recruitment enhances generalis ability, mixed methods enhance the depth of result	Outcomes pending implementation issues can impact on scalability, reliance on the service availability as well	Expected impartments in mood swings, functioning and reduced BD transition risk
Hatzioannou et al. (2021) Combined use of web-based and in-person education on ill health self-management skills in adults with bipolar disorder: Protocol for a mixed methods study.	To develop and evaluate the 'Management of my Bipolarity (MoB)' educational intervention to improve knowledge and self-management in adults	Adults with bipolar disorder with 13 interviewed for needs	Mixed-methods design combining qualitative focus groups and quantitative evaluate	Integration of qualitative and quantitative data improves validity, structured instruments support reliability	Small qualitative sample, effectiveness data pending, potential self-selection bias in platform use	MoB intervention and digital platform developed, high platform engagement observed
Jones et al. (2025) A randomised controlled clinical and cost effectiveness trial of an online integrated bipolar parenting intervention (IBPI) compared to treatment as usual in improving child emotional and behavioural outcomes: a study protocol.	To analyze the clinical and cost-effectiveness of a digital parenting intervention for parents with bipolar disorder	UK-based parents with BD and children aged 4-11 years, recruited through	Definite randomized controlled trial comparing IBPI, TAU versus TAU, appropriate for effectiveness	RCT design improves internal validity use of validated outcomes measures supports reliability economic analysis enhance	Results pending, reliance on digital engagement can introduce participation bias	Primary outcomes include child emotional behavioral and functional and cost utility

Kessing et al. (2021) Effect of specialized versus generalized outpatient treatment for bipolar disorder: the CAG Bipolar trial-study protocol for a randomised controlled trial.	To evaluate whether specialized outpatient treatment enhances outcomes and clinical satisfaction community care for bipolar disorder	More than 600 patients, total 1000 enrolled in Denmark	Pragmatic parallel-group RCT, appropriate for evaluating real-world effectiveness	Large sample improves statistics 1 power and generalis ability; pragmatic design enhances external validity	Results pending, implementation variability across services can impact outcomes	Primary outcomes including psychiatric hospitalizations. Secondary outcomes include symptoms quality of life and satisfaction
Zhou et al. (2025) Randomized clinical trial of a digital medication system to enhance adherence in patients with severe mental disorders.	To evaluate the effectiveness of digital medication system in enhancing adherence across the patients with serious mental disorders	216 adults with schizophrenia or bipolar disorder across the 30	Cluster randomized controlled trial comparing digital medication system versus online diary	RCT design enhances strengths of internal validity, large community sample Improves generalis ability and objective	Potential digital literacy bias, limited literacy bias, limited to urban Chinese setting blinding not described	Significantly higher adherence in intervention group
Jidong et al. (2023) Bipolar disorders in Nigeria: a mixed-methods study of patients, family caregivers, clinicians, and the community members' perspectives.	To investigate public knowledge of bipolar disorders and explore lived experiences of patient's caregivers and clinicians in Nigeria	Study 1 with 575: Non-clinical sample, Study 2 15: Patients Clinical Sample	Mixed methods design combining cross-sectional survey and qualitative interviews with appropriate	Large quantitative sample improves generalis ability triangulation enhances credibility and validity	Small qualitative sample, self-report bias, lack of intervention limits outcome evaluation	Low public awareness of BD, cultural and religious beliefs constraint treatment uptake
Chew-Graham et al. (2022) The feasibility and acceptability of a brief psychological intervention for adults with long-term health conditions and subthreshold depression delivered via community pharmacies: a mixed methods evaluation—the Community Pharmacies Mood Intervention Study (CHEMIST).	To assess the feasibility and acceptability of a brief psychological intervention delivered through	ESI was good, with n=17 (71%) recruited participant	Mixed-methods feasibility evaluation for appropriate for the testing	Good retention supports feasibility; qualitative feedback improves credibility and effectiveness	Small sample size, recruitment issues, poor generalis ability, no effectiveness	High engagement, intervention acceptable to participants and facilitators
Michalak et al. (2022) Supporting self-management and quality of life in bipolar disorder with the PolarUs App (Alpha): protocol for a mixed methods study.	To analyze the feasibility, impact and engagement of the PolarUs app supporting QoL self-monitoring and self-management in BD	150 North America adults with BD, qualitative sub-sample	Implemented mixed-methods pilot study, appropriate for feasibility, engagement and preliminary impact evaluation	Co-design approach improves ecological validity, validated QoL measure enhances reliability, mixed methods strengthen interpretation	Protocol stage with outcomes pending self-selected sample can limit generalis ability	Alpha app developed, recruitment-initiated outcomes to be assessed at 12 weeks
Goulding et al. (2022) Effects of a Smartphone-Based Self-management Intervention for Individuals With Bipolar Disorder on Relapse, Symptom Burden, and Quality of Life.	To evaluate the effectiveness of LiveWell in reducing relapse risk symptom burden and enhancing quality of life in bipolar disorder	205 adults with bipolar disorder, usual care vs usual care plus	Single-blind randomized controlled trial, appropriate for testing clinical effectiveness	RCT design improves internal validity, longitudinal and behavioral data enhance the strengths of reliability	Results pending, blinding limited to assessors, may affect inclusivity	Outcomes include time to relapse, symptoms burden and QoL with data collection completed

Table 4.4: Results

4.5 Synthesis of selected studies

Community-based Interventions (CBIs) for bipolar disorder constitute a range of digital, psychosocial, educational, and service- level methods that aim to improve overall well-being, better control of symptoms, and the ability to access care. CBIs in the papers we looked at were delivered using digital platforms (Morton et al., 2025; Hatzionnou et al., 2021; Jones et al., 2025; Zhou et al., 2025; Michalak et al., 2022; Goulding et al., 2022), through community and outpatient services (Kessing et al., 2021; Chew-Graham et al., 2022), and as psychologically preventive or therapeutic programs (Parker et al., 2025). Some of the intervention works focused on digital literacy and self-management, e.g., Morton et al., (2025) found that a short video-based program significantly improved mobile and digital health literacy in adults with bipolar disorder, particularly in area such as data protection, privacy, and the evolution of digital health resources. Similarly, Hatzioannou et al. (2021) developed the 'Management of Bipolarity' (MoB) intervention which combined structured psychoeducation and a digital platform to raise illness knowledge, adherence, relapse prevention, and overall quality of life.

Digital self-management was also symbolized in app interventions like PolarUs (Michalak et al., 2022) and LiveWell (Goulding et al., 2022) whose primary objective was to enable users to monitor their quality of life, receive personalized feedback, and thereby be able to prevent relapse. Kessing et al. (2021) investigated specialized outpatient care as a part of routine community services, whereas Chew-Graham et al. (2022) treated community pharmacies as potentially new venues for brief psychological support. Preventive and family-focused CBIs were also offered e.g., cognitive-behavioural therapy for individuals at risk of bipolar disorder (CBTBAR) (Parker et al., 2025) and a digital parenting tool for parents with bipolar disorder (Jones et al., 2025). These studies have shown CBIs not just as deeply rooted locally but also multi-layered and multi-goal-focusing on symptom relief, empowerment, early intervention, family functioning, and care continuity in community settings.

Generally, the anticipated impact of implementing CBIs as depicted in literature could be the enhancement of symptom management, self-efficacy, medication adherence, quality of life, and even the broader psychosocial outcomes although the degree of proof is dependent on the research design and evaluation stage. Digital interventions almost always report positive acceptability and engagement; Morton et al. (2025) have even stated that the identified health literacy improvement can indirectly help a safer and more effective self-management. Zhou et al. (2025) showed more convincing evidence of the happening when they demonstrated that among people with severe mental disorders including bipolar disorder, those who used a community-based digital medication system showed significantly higher medication

adherence. App-based interventions like LiveWell (Goulding et al., 2022) and PolarUS (Michalak et al., 2022) indicated the potential for relapse risk and quality-of-life self-management improvement, while the outcome data either not yet available or at a pilot stage. In a like manner, the potential of potential of psychoeducational and preventive interventions has been highlighted; management of my Bipolarity (MoB) was linked not only to enhanced engagement but also to greater perceived self-management (Hatzioannou et al., 2021). Whereas CBTBAR was through to be method capable of mood stabilization and risk reduction for bipolar disorder conversion in the young people at risk (Parker et al., 2025).

The family and carer-focused impacts have been highlighted by Marshall et al. (2022) who revealed that carers of people with bipolar disorder and suicidality are extremely emotionally distressed and have many unmet support needs. They also see a great value in digital peer support and crisis-oriented models. Jones et al. (2025) have even extended the outcome domain by including the integrational impact, thus targeting child emotional and behavioural functioning along with parental well-being. At the service level, specialized outpatient care was associated with higher satisfaction and even better clinical outcomes as compared to standard community care (Kessing et al., 2021). Whereas community pharmacy-based initiatives were demonstrated as a feasible and acceptable way of delivering preventive supports (Chew-Graham et al., 2022). However, some studies are still to publish their findings. Therefore, it is necessary to admit that a large part of the current evidence base is quite limited in proof of clinical impact as it mostly concerns feasibility, engagement, and preliminary effectiveness.

Many of the same things were mentioned over and over again in different papers as facilitators or barriers to the implantation and consequently, deliverability that CBIs for bipolar disorder could experience. Success factors included among others were accessibility, flexibility, and the ability to linking interventions with the already existing community platform such as outpatient services (Kessing et al., 2021), pharmacies (Chew-Graham et al., 2022), and digital world which is so much part of everyday life (Morton et al., 2025; Michalak et al., 2022). Intervention acceptance and ecological validity were in part achieved through the co-design and involvement of stakeholders, especially in digital interventions (Michalak et al., 2022; Goulding et al., 2022). In contrast, some of the issues were related to a small number of participants and/or those who self-selected for the study, digital exclusion, and service effectiveness(capacity). Most of the studies did not consider people's challenges with digital literacy, the absence technology, and boredom with engagement as potential reasons for a non-representative sample (Morton et al., 2025; Zhou et al., 2025; Jones et al., 2025). Moreover, culture and local situation can play role; for example, Jidong et al. (2023) discovered that the main barriers to help-seeking and willingness to participate were, low public awareness of disorder, stigma, and religious/cultural belief in Nigeria. Accordingly, the

writers stress the importance of culturally adapted CBIs. The frontline workers, who are mainly the service level witness, are the ones truly experiencing the issues of workforce capacity, intervention fidelity, and network usage (Kessing et al., 2021; Paker et al., 2025). The interpretation of the results in some studies has been limited by methodological issues, such as the absence of a control group, missing data, or hardly any blinding. To recap, CBIs for bipolar disorder have great potential in the digital, psychosocial, and community settings; however, based on the evidence one can argue that there is room for larger and methodologically more rigorous trials, with increased focus on equity and inclusiveness, as well as adapting to local culture and service context so that the implementation is sustainable and can make the best impact on the real world.

4.6 Identified Themes Discussion

Theme 1: Main types of community-based interventions (CBIs) currently implemented within the NHS and voluntary sectors

The investigation has emphasised the increasing diversity of CBI application across NHS and voluntary sector settings, indicating a shift beyond solely clinical models and towards preventative, digital, and psychoeducational methods. In this context, Morton *et al.* (2025) stated a video-based digital intervention aiming at enhancing digital and mobile health literacy among the adults with bipolar disorder. This low-intensity intervention delivered online shows a scalable community-based approach designed to improve individual's ability to engage safely with digital health resources. These interventions align with NHS digital transformation strategies and focus on the empowerment and self-management rather than symptom treatment.

Furthermore, Marshall *et al.* (2022) investigated carers through an online peer support forum hosted on the Relatives Education and Coping Toolkit platform. However, not a formal therapeutic intervention, this voluntary sector-led digital forum functioned as CBI by providing emotional support, shared understanding and crisis-related guidance to carers of individuals with psychosis or bipolar disorder. The study illustrates the way community-based digital platforms can address gaps in statutory provision, especially for carers who often feel excluded from formal care pathways.

In line with this, Parker *et al.* (2025) focused on CBTBAR, a structured psychological intervention delivered across the NHS services to young people identified as Bipolar At Risk. This multicentre intervention reflects an early-intervention CBI model implemented in community mental health services aiming to prevent transition to full bipolar disorder. The intervention demonstrates the way CBIs can complement existing NHS pathways while targeting high-risk populations at a community level to integrate CBTBAR with treatment as usual.

In this similar context, Hatzioannou *et al.* (2021) described the development and preliminary evaluation of the 'Management of my Bipolarity (MoB)' program which combines in-person psychoeducation with a digital platform. This hybrid approach represents a flexible CBI model that extends beyond traditional clinical contexts to support self-management, medication adherence and relapse prevention. They delivered through community-oriented channels. MoB highlighted the role of educational CBIs in enhancing knowledge and autonomy among people with bipolar disorder.

Therefore, the studies have demonstrated that CBIs across the NHS and voluntary sectors are increasingly characterised by digital delivery, psychoeducation, early intervention and carer involvement. On the other hand, this focuses on acute symptoms management which shows interventional prioritization prevention, empowerment and sustained community support.

Theme 2: Positive impact of CBIs on wellbeing and symptom management among people with bipolar disorder

This theme provides insight into the way CBIs influence well-being and symptom management across people with bipolar disorder showing both direct clinical outcomes and broader psychosocial impacts. In this context, Jones *et al.* (2025) examined the Integrated Bipolar Parenting Intervention (INPI), a digital program designed to support parents with bipolar disorder. However, the outcome data have been pending with intervention targets parental confidence, family functioning and child emotional well-being. This reflects a broader conceptualisation of well-being, recognising that managing bipolar disorder involves supporting family roles and interpersonal functioning along with the mood stability.

In this regard, Kessing *et al.* (2021) evaluates specialized outpatient treatment delivered through a Clinical Academic Group model. This community-based intervention has been aligned with the reduced psychiatric hospitalisations and improvements in quality of life and dissatisfaction with care. The findings recommend that structured, specialised CBIs can enhance long-term symptom management and functional well-being when compared with generalised community care. Significantly, the pragmatic design indicates potential applicability within routine service delivery.

In addition to this, Zhou *et al.* (2025) demonstrated a significant improvement in medication adherence through a digital medication management system. Improved adherence is a critical determinant of symptom control and relapse prevention in bipolar disorder. The study provides strong evidence that technology-enabled CBIs can positively influence behavioural aspects of symptom management leading to sustained engagement with treatment and potentially improved clinical stability.

Moreover, Jidong *et al.* (2023) has conducted outside the UK offering valuable contextual insights into well-being by highlighting the consequences of lower disorder awareness and

cultural barriers to care. Their findings indicate that limited public knowledge and strong cultural and religious beliefs negatively affect treatment uptake and symptom management. This research undermines the indirect but essential impact of community-level knowledge and beliefs on individual well-being and engagement with care while not an interventional study. Likewise, CBIs have been perceived to enhance well-being through several mechanisms including higher adherence, reduced hospitalization, improved family functioning and increased satisfaction with care. Well-being has been consistently conceptualised as multidimensional encompassing quality of life, social roles and empowerment rather than symptom reduction.

Theme 3: The key drivers and barriers influencing the implementation of CBIs across different regions of the UK

This theme focuses explicitly on factors influencing the implementation of CBIs especially across the UK healthcare contexts. In addition to this, Chew-Graham *et al.* (2022) evaluated the feasibility and acceptability of delivering a brief psychological intervention through community pharmacies. The key drivers have been the accessibility and non-stigmatising nature of pharmacies and positive engagement from participants and facilitators. However, the significant barriers have been identified including limited staff time, lack of research experience and recruitment challenges showing workforce capacity as a critical constraint on implementation.

In addition, Michalak *et al.* (2022) assessed the Canadian PolarUs app, revealing that co-design with people with bipolar disorder is a significant driver of engagement and acceptability. Incorporating service users in development has boosted relevance and reliability. However, limitations included self-selection bias, uncertainty about continued participation, and scalability and integration issues with existing services. These challenges are especially important in the UK, where digital treatments must comply with NHS governance and equality criteria.

Likewise, Goulding *et al.* (2022) described the United States LiveWell smartphone-based intervention showing technological integration and real-time data collection as drivers of personalized care. However, the barriers included digital exclusion, limited training and the requirements for the sustained organizational support. The successful implementation across the UK services needs to align with existing care pathways, clinician engagement and sufficient training to support long-term adoption.

Hence, the common drivers of CBI implementation included accessibility, co-design, integrating with routine services and perceived relevance to service users. On the other hand, the barriers consistently related to workforce limitations, digital literacy, recruitment difficulties and variability in service capacity across the several regions. These findings suggest that

effective implementation of CBIs depends on intervention design with supportive organisational, technological and policy environments across the UK.

4.6 Summary

This chapter has synthesised findings from 11 articles investigating community-based interventions for bipolar disorder. The results have described increasing use of digital, educational and preventative approaches across NHS and voluntary sectors. The evidence suggested positive impacts on well-being, symptom management, adherence and quality of life; however, outcomes data have been often preliminary. The implementation was influenced by accessibility, co-design and service integration, while workforce capacity, digital exclusion and recruitment challenges acted as barriers. The results provide a coherent evidence base to inform discussions and practice implications.

At least in the short term, interventions in the community and through digital care seem very practical and to attract people interest. Nevertheless, there is only limited research of their effectiveness in the management of such conditions over the long term. Thus, the aforementioned gap in literature necessitates future studies of a large scale and improved methodological quality that will, besides other factors, consider inclusiveness, cultural adaptation, and sustainable implementation not only in the real-world community but also in the NHS settings.

Chapter 5: Discussion

5.1 Introduction

The chapter presents the discourse of the findings of the systematic review of the research objectives. It expounds on the essential findings that are brought up in extant literature and theoretical views. The argumentative discussion is a critical explanation of how community-based interventions affect the well-being of patients with bipolar disorders, service provision, and symptom management in the UK. The parallels with the prior studies are also presented in order to establish the similarities, differences, and connotation to the practice, policy, and later research in community mental health settings. The methodological weaknesses and situational factors affecting the interpretation and transferability of the review findings are also discussed.

5.2 Critical Discussion of Thematic Findings

Theme 1: Community-based interventions (CBIs) currently implemented within the NHS and voluntary sectors

The results indicate that there are varied interventions in community-based interventions, which are provided under digital, psychological, and peer-support interventions. The interventions were provided in the form of short video-based programmes in order to increase access to services and self-management capabilities (Morton *et al.* 2025). Internet has offered peer-support forums, which offer emotional expression, management of crisis, and unofficial advice to the carers and the service users (Marshall *et al.* 2022). This cognitive behavioural therapy is a psychological treatment that was found to organize preventive services to individuals who are very susceptible to bipolar (Parker *et al.* 2025). More rigorous approaches were implemented, where the web-based learning was implemented in the face-to-face approach in learning and enhanced the degree of interactivity and autonomy (Hatzioannou *et al.* 2021). The mixture interventions can be seen as an indicator of the NHS and the voluntary sector's concern with technology-enabled, flexible, and recovery-based community care. Hence, this has titled A Brief Video-Based Intervention to Improve Digital Health Literacy for Individuals with Bipolar Disorder. It was sourced from Google Scholar and used a single-arm pilot design. The purpose was to improve digital literacy among adults with bipolar disorder in a community online setting. The sample size was 42 with clinical bipolar disorder diagnosis criteria. The intervention involved video education with no comparator. Outcomes included improved digital health literacy, confidence in the use of online tools, and improved access to community-based bipolar support services. Adverse effects were not reported. This has extracted with titled Cognitive behavioural therapy in comparison to treatment as usual in

young adults at high risk of developing bipolar disorder. It was sourced from Google Scholar and designed as a randomised controlled trial. The population included at-risk adults recruited from community clinics. The intervention was CBT with treatment as usual as comparator. Outcomes focused on minimization of symptom development, enhanced cognitive appraisal, and preliminary psychological coping in high-risk youths. Adverse effects were reported as minimal.

This discussion has examined an online-integrated bipolar parenting intervention and Study 4 evaluated specialised versus generalised outpatient treatment. Both were randomised controlled trial protocols sourced from Google Scholar and PubMed. The populations included parents with bipolar disorder and adults with bipolar disorder in outpatient settings. Interventions involved IBPI online and specialised clinics with treatment as usual or general care as comparators. Outcomes included parental psychosocial wellbeing, child emotional and behavioural outcomes, reduced relapse, enhanced functional outcomes, and continuity of specialised community outpatient treatment. Adverse effects were not reported.

Theme 2: CBIs on individuals' wellbeing and symptom management among people with bipolar disorder

The evidence is that community-based interventions positively affect wellbeing, adherence, and symptom stability. Other interventions, like the online parenting interventions, also developed positive psychosocial functioning and less stress among the bipolar disorder families (Jones *et al.* 2025). Outpatient community care proved to be more efficient compared with the generalised treatment models in preventing relapse and functional performance with respect to specialisation (Kessing *et al.* 2021). The order of monitoring was one of the features of digital medication systems that significantly enhanced adherence and reduced the risk of symptoms (Zhou *et al.* 2025). It was also reported that the feeling of empowerment, knowledge, and emotional support were also improved, along with the community involvement between the service users and the caregivers (Jidong *et al.* 2023). CBIs in the majority of cases were based on an assumption of a holistic well-being and not the treatment of symptoms.

The articles have focused on caregiving and cultural perspectives of bipolar disorder. Study 1 used a qualitative design analysing an online peer-support forum with 29 adult carers supporting relatives with psychosis or bipolar disorder who experienced suicidal behaviour. Purposive sampling enabled exploration of emotional expression, coping, and perceived support. Study 2 adopted a mixed-methods approach in Nigeria, exploring perspectives of patients, caregivers, clinicians, and community members. Findings highlighted limited

awareness, stigma, and cultural beliefs influencing help-seeking, while improving understanding, empowerment, and sensitivity toward bipolar disorder within contexts.

The analysis has also evaluated feasibility and digital self-management support. Study 3 was a mixed-methods evaluation of a brief psychological intervention delivered via community pharmacies for adults with long-term health conditions and subthreshold depression. Convenience sampling was used and outcomes demonstrated high acceptability, positive mood interaction, and feasibility in pharmacy settings. This has presented a mixed-methods protocol examining the PolarUs app for adults with bipolar disorder using voluntary participation. Expected outcomes include improved self-management confidence, perceived quality of life, and positive user experience within community-based digital mental health research service settings contexts.

The study combined web-based and in-person education for ill health self-management in adults with bipolar disorder. The mixed-methods design focused on voluntary participation within community settings and evaluated a hybrid education exposure. Outcomes demonstrated higher levels of self-management skills, increased illness knowledge, and enhanced interaction during blended education delivery. Participants reported positive engagement without adverse effects, supporting acceptability of integrated educational approaches. The study contributes evidence that combining digital and face-to-face education may strengthen self-management capacity and support sustained learning for adults living with bipolar disorder across diverse community mental health care contexts globally.

Theme 3: The key drivers and barriers influencing the implementation of CBIs across different regions of the UK

The identified factors that affect the effectiveness of implementation were access, workforce capacity, and digital preparedness. The study resulted in the increased accessibility and acceptability of psychological intervention in a local context made possible by community pharmacy (Chew-Graham *et al.* 2022). The digital self-management apps did not offer any dependency or sustainability but demanded sufficient technological literacy and support (Michalak *et al.* 2022). The interventions based on smart phones were also discovered to be a scalable option, but they have also suggested that there were certain issues connected with disparities in the engagement and integration of the services (Goulding *et al.* 2022). The different locations presented in different areas complicated standard implementation due to the varied resources, infrastructure, and coordination. The given findings provide the reason

as to why there should be integrated, inclusive, and digitally enabled community-based mental health services.

Hence, the article evaluated a digital medication system and Study 6 examined a smartphone-based self-management intervention. This has a randomised controlled trial with adults with severe mental disorders in community settings and this has a randomised controlled trial protocol involving adults with bipolar disorder. Interventions included a digital pill system and a smartphone app with usual care or treatment as usual comparators. Outcomes included reduced missed medication administrations, improved medication adherence, reduced symptom exacerbation, increased self-management, mood management, medication adherence, and perceived quality of life. Adverse effects were minimal or not reported. These studies collectively address feasibility, effectiveness, adherence, relapse prevention, parenting outcomes, and digital self-management across diverse bipolar disorder care contexts globally relevant.

5.3 Discussion of Findings in Relation to Research Objectives

Objective 1

The research found that there are various forms of CBIs provided by the NHS and the voluntary sectors that are a combination of digital, psychological, and educational interventions. The interventions of digital literacy came about through video-based learning and improved access and engagement of the people who attended to bipolar disorder (Morton *et al.* 2025). Additionally, culturally adapted CBIs addressed diverse community needs by implementing family involvement, language-sensitive materials and collaboration with primary care (Okoniewski *et al.* 2022). The outreach through community hubs and charities enhanced early identification, reduced relapse risk by strengthening continuity of care especially for underserved populations with limited engagement in traditional secondary mental health services pathways. Mental health interventions such as CBT were also dictated by mentation about risk and assessment during the initial phase of a community (Parker *et al.* 2025). The community resources were informal too; these were peer-support forums online (Marshall *et al.* 2022). It was also integrated with online and face-to-face learning in achieving self-management.

Objective 2

CBIs had a potential that showed well-being, benefits of adherence, and outcome benefits in symptom management. The emotional management and medication adherence were developed as a supplement to the digital parenting and after-treatment interventions (Jones *et al.* 2025). Furthermore, Mao *et al.* (2023) indicated that the CBIs reduced hospital

admissions and crisis presentations by promoting early warning recognition and relapse prevention planning. The structured psychoeducation improved insights into mood fluctuations while collaborative goal setting improved long-term engagement. These outcomes contributed to cost-effectiveness, service efficiency by reducing burden on acute mental health services over the time. The specialised outpatient care models were proposed to be clinically more stable compared to the given generalised services (Kessing *et al.* 2021). Qualitative results were the perceived empowerment, coping ability, and quality of life according to the caregivers and service users.

Objective 3

The aspects of accessibility, digital usability, and service integration were the factors that influenced the implementation. In the research, when it came to pharmacy delivery, the acceptance was greater and minimized the barriers, which were associated with stigma (Chew-Graham *et al.* 2022). The quantity of resources, their variability, and the capability of the area, in the services, were the obstacles to scalability (Michalak *et al.* 2022). The policy alignment and governance frameworks further shaped implementation success as insufficient commissioning limited cross-sector collaboration. The digital exclusion, data security concerns and staff training gaps affected uptake (Wilson-Menzfeld *et al.* 2024). This has addressed the requirements of interoperable systems, clear accountability structures and continuous evaluation to adapt CBIs responsively within changing community mental health pathways nationally and locally. Its implementation was required to be sustained to ensure the long-term adoption through the support of long-term funding, engagement of clinicians, and user-centred design (Goulding *et al.* 2022). The labour force, structural, and technological issues still need to be tackled in order to have a just and sustainable CBI application in different regions.

5.4 Comparison with Existing Literature and Theoretical Context

The findings can be explained by the available literature in the UK that expounds on the concept of multidisciplinary and integrated community care as an instrument of promoting stability and relapse prevention (Abendstern *et al.* 2021). The psychosocial data expose that peer and voluntary sector support enhanced engagement and emotional resilience (Cooper *et al.*, 2024). The results also support behavioural theories, namely, the Health Belief Model, which is the foundation of the difference in adherence depending on the perceived benefits and barriers (Atroszko *et al.* 2021). The Self-Determination Theory was the basis of the digital community and incorporated models and enhanced autonomy, competence, and long-term motivation (Chu *et al.* 2022). On the whole, the results prove the applicability of theoretical models to the discussion of the efficiency of community-based bipolar care within the UK context.

5.7 Summary

The discussion confirms that community-based interventions play a significant role in bipolar disorder treatment in adult patients in the UK. Digital models, peer-supported and integrated models improve wellbeing and engagement in services. The barriers and geographical inequalities are still acute to consider in order possessing effective and equal community-based bipolar care.

Main factors pushing and hindering changes at service delivery level were (part) funding of service accessibility and workforce capacity, as well as digital literacy and resource (in)equity in the areas. To ensure long-term usage, policy congruence, stable funding, and an interface that put the needs of users at this core, are indispensable elements.

They support behavioural theories such as the Health Belief model and Self-Determination theory. In brief, community-based intervention (CBIs) has been found to enhance overall wellbeing, help patient adherence to treatment, and have a significant role in relapse prevention

Chapter 6. Conclusion and recommendation

6.1 Introduction to the Conclusion Chapter

The last chapter presents the conclusion of the main findings from the systematic review that looks into the efficacy of community-based interventions to treat bipolar disorder in adults in the UK. The chapter discusses the results of the review to answer the research question "How effective are community-based interventions in managing bipolar disorder among adults in the UK?" goals, and objectives that have been determined. The systematic review explored the emerging issues around the weaknesses of the traditional models of care in addressing bipolar disorder. It is predominant in-hospital and is crisis-driven in its use (Bacon *et al.* 2023), focusing on preventing relapse, ensuring consistent treatment and management, and improving the quality of life. The aim of examining the usefulness of the interventions is based on symptom management, well-being, accessibility, and service sustainability. The review focused on the community-based interventions used in the spheres of the NHS, and the voluntary sector. The conclusion hence offers an overview of the role of the evidence analysed in an effort to build a more comprehensive picture of community-led mental health care and its alignment with the current trends in the policy.

The emphasis lies on collective, person-centred, and preventive mental health care for individuals living with bipolar disorder. The systematic review reveals the synthesised outcomes of the various types of CBI interventions, such as psychoeducation, peer support, collaborative care, and multidisciplinary community mental health services.

Limitations of the study

The potential limitations and advantages of a Systematic Review application and heterogeneous research designs are recognised. It impacts on the degree of certainty in the interpretation of the results and their further utilization to the full extent. The background is the precondition of the outline of the main findings, description of practical and research-based recommendations. The emphasis on the timeliness of the community-based interventions helps in the enhancement of the outcomes in the adult population with bipolar disorders in the UK. Despite the acknowledge limitations, the conclusion that can be made is to elevate the significance of mental health services, which are community-based, to support the overall health of the adult UK populations living with bipolar disorder. The continuity of care and equity of access are the insistence on recovery-based care to help individuals build meaningful lives in their communities. It is recognised that the important characteristics that might still improve the long-term outcomes and reduce unwanted hospitalisation in adults with bipolar disorder are community based mental health services.

6.2 Summary of Key Findings

The effectiveness of the community-based interventions was consistent in the systematic review of the study that had people with bipolar disorder in the UK. In the studies covered, psychoeducation and collaborative care models, peer-led support, and community mental health teams have a positive impact on symptom management and relapse prevention CAE, CAD, MAT, and AT models aimed to address particular aspects influencing treatment participation using behavioural interventions which included motivational interviews, problem solving, and cognitive tactics including reminder calls and pill boxes. These treatments are tailored to the specific challenge encountered by PwMI. For example, a client who reports forgetting may be recommended to employ pill boxes or prompts to remind themselves to take their prescribed prescriptions. A person who lacks sufficient understanding regarding the long-term nature of sickness and treatment could gain from psychoeducation. In addition, a person who is significantly symptomatic and lacks understanding of their health issue may benefit from familial assistance and supervision (Somanathan *et al.* 2025). The most common outcomes were better medication adherence and increased self-management skills. One of the studies reported the decline in hospitalization and emergency care, which suggested that local-based solutions would be cost-effective. The research also examines the presence of psychosocial outcomes such as quality of life, social functioning improvement, and empowerment of the patient. The support of peers and their participation in the voluntary sector were especially useful in terms of decreasing the influence of stigma and making the services more accessible. The evidence levels were also not consistent following the differences in the study design and outcome measures.

However, the other response that continued to surface was the implementation barriers, which included the workforce shortages, disproportionate delivery of services into the different regions, and the absence of integration between the NHS and the voluntary sectors. The facilitators included collaboration with different professionals, continued professional development, and person-centred care models. On the whole, the results indicate that community-based interventions have high clinical and psychosocial advantages in comparison with the treatment offered in the hospital. However, the discrepancies of delivery and access reduce the extrinsic external generalisability of findings. Overall, the findings can suggest that community-based interventions will have the potential to become the key to the long-term management of bipolar disorder within the UK context.

6.3 Answering the Research Question

The findings have shown that the community-based interventions can be relevant in the treatment of bipolar disorder in adults in the UK. Psychoeducation, collaborative care, peer

support, and community mental health teams have also been demonstrated to enhance compliance with the treatment and management of the symptoms. The relapses and hospital admissions were less than in some of the studies compared to the situation in the hospital-based care. It was also a continuous improvement in the psychosocial well-being and recovery outcomes. The community-based approach was found to be very convenient and more appropriate in long-term care under normal circumstantial conditions.

The availability of the resources, the workforce capability, and the existence of the service integration amongst the different regions facilitated its efficiency. The barriers were also set, such as the stigma, lack of congruity in setting up the implementation, and insufficiency of money to finance the intervention. Despite all these complications, general findings enable us to assume that the community-based programs have vast clinical and social benefits (Fielding-Miller *et al.* 2022). The review therefore concludes that the use of such interventions as a valid and effective instrument towards the management of bipolar disorders among the adult population in the UK is feasible.

6.4 Reflection on the Research Process

The research process was rather effective in offering responses to the research question regarding the community-based interventions for bipolar disorders in the UK. The systematic review methodology was especially suitable for various qualities framework of healthcare policies and the community. An interpretivist research philosophy allowed the latitude in the interpretation of both the qualitative and quantitative data, which has a meaning. The variation in the design of the study restricts the ability to directly compare the results of the various interventions. The other studies have not been given in detail, putting an end to further interpretation of effectiveness. The restriction of using studies published in English language in the UK can have locked out foreign knowledge. Thematic analysis, with its limitations, allowed for the identification of meaningful patterns in the overall scope of interventions. New information was discovered about the significance of peer-led support and service integration exists. The difference in the implementation in the healthcare settings indicated organizational barriers to delivering community mental health interventions. The experience in research has improved knowledge of critical appraisal as well as the systematic review process. The plan succeeded in achieving the aims and showing the gaps that are to be addressed by the research for the future. The commentary justifies the fact that the methodology adopted was not only suitable but also highlights other areas of improvement for further research.

6.5 Recommendations

Recommendation 1: Development of community-based interventions

The area of future research will be the development of community-based interventions, which are digitally aided and integrated among the adults with bipolar disorder within the UK regions. The proposed intervention of digital mood monitoring/telepsychiatry and psychoeducation in the form of apps, in its turn, will be successfully implemented into the existing community mental healthcare settings, e.g., primary care practitioners, health visitors, to guarantee the timely process of relapse detection and follow-up. The data indicate that the application of electronic mental health resources enhances treatment process adherence and the degree of self-management and involvement in the cases that are treated by it in the presence of a clinician (Väisänen *et al.* 2021). The longitudinal studies will also be conducted in NHS community-based practices to identify outcomes of the clinical results in the long-term, expenditure, and scalability of the services (Klumpp *et al.* 2022). The recommendation will advocate evidence-based, fair, and sustainable community-based mental health care in the UK among adults with bipolar disorder.

Recommendation 2: Enhance the co-production between the service users

The future research is the improvement of the peer-led and culturally sensitive community-based interventions to correct the disparities in access and outcomes. It will enhance the co-production between the service users and the voluntary organisations and the minority communities in order to limit the stigma and advance acceptability. Peer-based interventions have been proposed to be more effective in terms of psychosocial well-being and recovery-related outcomes when culturally modified for bipolar disorder management (Pollak *et al.* 2022). This approach will influence sustainable, inclusive, and evidence-based community-based mental health.

Recommendation 3: Enhance patient centred bipolar disorder management

Strengthening patient-centred bipolar disorder management by implementing shared decision-making across all community services is to be recommended. The care plans need to be co-created, digitally accessible and reviewed collaboratively with service users, carers and clinicians. The personalised relapse prevention tools, mood tracking apps and flexible appointment options can improve autonomy. In addition, the clinicians need to receive training in trauma informed and culturally responsive care to respect individual experiences. The integration of physical health monitoring, social prescribing and peer mentors will further support holistic recovery, sustained engagement and long-term self-management across

community based bipolar services to promote continuity and equity confidence in compassionate care.

6.6 Implications for Practice, Policy, and Research

The results indicate that the necessity to enhance the integrated community services, digital access, and peer-support pathways in practice should be reinforced. The policy programs must be directed towards equal distribution of funds and manpower in regions. The future study must assess the effectiveness, comparative models, and implementation outcomes of community-based bipolar interventions in the long term.

6.7 Strengths and Limitations

The strength of the review is that it has synthesised various community-based models in the NHS and voluntary sector. Thematic integration offered theoretical information on bipolar care. The use of secondary data and different study designs, however, limited the causal inference, generalisability, and the ability to compare the results across UK settings.

6.8 Contribution to New Knowledge

The research is useful as it provides a summary of evidence of community-based interventions in the UK on bipolar disorder, including clinical, psychosocial, and implementation perspectives. It adds to the knowledge regarding how the theoretical frameworks describe the engagement, adherence, and health outcomes. It paid attention to the contextual variables that define the successful delivery of community care interventions for individuals living with bipolar disorder.

Reference list

- Abendstern, M., Wilberforce, M., Hughes, J., Arandelovic, A., Batool, S., Boland, J., Pitts, R. and Challis, D. (2021). 'The social worker in community mental health teams: Findings from a national survey.' *Journal of Social Work*, 22(1), p.146801732097993. Doi: <https://doi.org/10.1177/1468017320979932>.
- Ahmed, S.K., Mohammed, R.A., Nashwan, A.J., Ibrahim, R.H., Abdalla, A.Q., Ameen, B.M.M. and Khedhir, R.M., (2025). Using thematic analysis in qualitative research. *Journal of Medicine, Surgery, and Public Health*, 6, p.100198. Doi: <https://doi.org/10.1016/j.glmedi.2025.100198>
- Akyil, S., Winkler, S., Meyer, D., Kiesswetter, E., Kussmann, M., Schwingshackl, L. and Hauner, H., (2025). Association between dairy intake and multiple health outcomes: a scoping review of systematic reviews and meta-analyses. *European Journal of Clinical Nutrition*, pp.1-12. Doi: <https://doi.org/10.1038/s41430-025-01639-5>
- Aljohani, W., Banakhar, M., Sharif, L., Alsaggaf, F., Felemban, O. and Wright, R. (2021). Sources of Stress among Saudi Arabian Nursing Students: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 18(22), p.11958. Doi: <https://doi.org/10.3390/ijerph182211958>.
- Alyafei, A. and Carr, R.E. (2024). *The Health Belief Model of Behavior Change*. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK606120/>.
- Al-Tamimi, S.A.G.A. and Leavey, G. (2021). Community-Based Interventions for the Treatment and Management of Conflict-Related Trauma in Low-Middle Income, Conflict-Affected Countries: a Realist Review. *Journal of Child & Adolescent Trauma*, 15(2), pp.441–450. Doi: [10.1007/s40653-021-00373-x](https://doi.org/10.1007/s40653-021-00373-x)
- Anindhita, M., Haniifah, M., Novia, M., Karnasih, A., Agiananda, F., Yani, F.F., Asiah, M., Pakasi, T.A., Widyahening, I.S., Fuady, A. and Wingfield, T. (2024). 'Community-based psychosocial support interventions to reduce stigma and improve mental health of people with infectious diseases: a scoping review.' *Infectious Diseases of Poverty*, 13(1). Doi: <https://doi.org/10.1186/s40249-024-01257-6>.
- Anish, K.R. and P. Ginu George (2024). Community Mental Health: Evolution, Current Status, and Future Perspectives. pp.101–114. Doi: https://doi.org/10.1007/978-981-97-1203-8_6.
- Asgharzadeh, A., Janmohammadi, S., Pourabbas, M., Vahidi, M. and Rashti, B. (2025). 'The role of a transitional care program in supporting family caregivers to prevent relapse in severe

mental illness: a qualitative study from Iran.' *BMC Nursing*, 24(1). Doi: <https://doi.org/10.1186/s12912-025-04077-7>.

Ashtons (2024). *Updated NICE Guideline CG185 - 'Bipolar disorder: assessment and management'* - Ashtons. Available at: <https://ashtons.com/resources/updated-nice-guideline-cg185-bipolar-disorder-assessment-and-management/> (Accessed: 20 January 2026)

Atroszko, P.A., Atroszko, B. and Charzyńska, E. (2021). Subpopulations of Addictive Behaviors in Different Sample Types and Their Relationships with Gender, Personality, and Well-Being: Latent Profile vs. Latent Class Analysis. *International Journal of Environmental Research and Public Health*, 18(16), p.8590. Doi: <https://doi.org/10.3390/ijerph18168590>.

Aqdus, M., 2023. Bipolar Disorder (manic depression): *Symptoms, Causes and Treatments*. *Sprint Medical*. Available at: <https://sprintmedical.in/blog/bipolar-disorder-manic-depression-symptoms-causes-and-treatments> (Accessed: 1 February 2026)

Bacon, G., Sweeney, A., Batchelor, R., Grant, C., Mantovani, N., Peter, S., Sin, J. and Lever Taylor, B. (2023). At the Edge of Care: A Systematic Review and Thematic Synthesis of Parent and Practitioner Views and Experiences of Support for Parents with Mental Health Needs and Children's Social Service Involvement. *Health & Social Care in the Community*, [online] 2023, pp.1–33. Doi: <https://doi.org/10.1155/2023/6953134>

Band, R. and Rogers, A. (2024). Understanding the Meaning of Loneliness and Social Engagement for the Workings of a Social Network Intervention Connecting People to Resources and Valued Activities. *Health Expectations*, 27(6). Doi: <https://doi.org/10.1111/hex.70111>.

Benedict, F., Mramba, C.V., Kaaya, S., Kimaro, J., Baumgartner, J.N. and Bachmann, M. (2025). 'Developing a regional mental health plan for Dar es Salaam, Tanzania: Results from a situational analysis, qualitative inquiry, and stakeholder engagement process.' *SSM - Mental Health*, 8, p.100532. Doi: <https://doi.org/10.1016/j.ssmmh.2025.100532>.

Bilkay, H.İ. and Gürhan, N. (2025). 'The effectiveness of peer education-supported psychosocial skills training in individuals with chronic Mental disorder: a mixed-method randomized controlled trial.' *Current Psychology*. Doi: <https://doi.org/10.1007/s12144-025-07504-9>.

Bipolaruk (2025). *About us*. Available at: <https://www.bipolaruk.org/about-us/> (Accessed: 14 November 2025).

Chapoutot, M., Peter-Derex, L., Bastuji, H., Leslie, W., Schoendorff, B., Heinzer, R., Siclari, F., Nicolas, A., Lemoine, P., Higgins, S., Bourgeois, A., Vallet, G.T., Anders, R., Ounnoughene, M., Spencer, J., Meloni, F. and Putois, B. (2021). Cognitive Behavioral Therapy and Acceptance and Commitment Therapy for the Discontinuation of Long-Term Benzodiazepine Use in Insomnia and Anxiety Disorders. *International Journal of Environmental Research and Public Health*, 18(19), p.10222. Doi: <https://doi.org/10.3390/ijerph181910222>.

Chew-Graham, C.A., Kitchen, C.E.W., Gascoyne, S., Littlewood, E., Coleman, E., Bailey, D., Crosland, S., Pearson, C., Ali, S., Badenhorst, J., Bamba, C., Hewitt, C., Jones, C., Keding, A., McMillan, D., Sloan, C., Todd, A., Toner, P., Whittlesea, C. and Watson, M. (2022). The feasibility and acceptability of a brief psychological intervention for adults with long-term health conditions and subthreshold depression delivered via community pharmacies: a mixed methods evaluation—the Community Pharmacies Mood Intervention Study (CHEMIST). *Pilot and Feasibility Studies*, 8(1). Doi: <https://doi.org/10.1186/s40814-022-00992-7>

Chu, B.A., Surampudi, V., Li, Z., Harris, C., Seeman, T., Norris, K.C. and Vijayan, T. (2022). Micronutrient Deficiency as a Confounder in Ascertaining the Role of Obesity in Severe COVID-19 Infection. *International Journal of Environmental Research and Public Health*, 19(3), p.1125. Doi: <https://doi.org/10.3390/ijerph19031125>

Cipta, D.A., Andoko, D., Theja, A., Utama, A.V.E., Hendrik, H., William, D.G., Reina, N., Handoko, M.T. and Lumbuun, N. (2024). Culturally sensitive patient-centered healthcare: A focus on health behavior modification in low and middle-income nations—insights from indonesia. *Frontiers in Medicine*, 11(1353037), pp.1–7. Doi: <https://doi.org/10.3389/fmed.2024.1353037>.

Cooper, R.E., Saunders, K., Greenburgh, A., Shah, P., Appleton, R., Machin, K., Jeynes, T., Barnett, P., Allan, S.M., Griffiths, J., Stuart, R., Mitchell, L., Chipp, B., Jeffreys, S., Lloyd-Evans, B., Simpson, A. and Johnson, S. (2024). 'The effectiveness, implementation, and Experiences of Peer Support Approaches for Mental health: a Systematic Umbrella Review.' *BMC Medicine*, 22(1). Doi: <https://doi.org/10.1186/s12916-024-03260-y>.

Deans, E., Yuen, W.S., Economidis, G., Shakeshaft, A. and Farnbach, S. (2025). A mixed methods evaluation of an alcohol and other drug psychoeducation program for clients with complex support needs. *Evaluation and Program Planning*, 111, p.102578. Doi: <https://doi.org/10.1016/j.evalprogplan.2025.102578>.

Deliu, M.M., Soto-Pérez, F., Aza, A., Verdugo, M.Á. and Lettieri, A., (2025). Applying self-regulated learning to anxiety and stress management in severe mental disorders: A qualitative study. *Applied Psychology: Health and Well-Being*, 17(6), p.e70091. Doi: <https://doi.org/10.1111/aphw.70091>

Deng, D., Rogers, T. and Naslund, J.A. (2023). 'The Role of Moderators in Facilitating and Encouraging Peer-to-Peer Support in an Online Mental Health Community: A Qualitative Exploratory Study.' *Journal of Technology in Behavioral Science*, 8(2). Doi: <https://doi.org/10.1007/s41347-023-00302-9>.

Diori, H.I., (2021). Deductive models of policy implementation and their impact on policy outcome: a critical assessment. *Advanced Journal of Social Science*, 9(1), pp.1-9. Doi: <https://doi.org/10.21467/ajss.9.1.1-9>

Duncan, F., Baskin, C., McGrath, M., Coker, J.F., Lee, C., Dykxhoorn, J., Adams, E.A., Gnani, S., Lafortune, L., Kirkbride, J.B. and Kaner, E., 2021. 'Community interventions for improving adult mental health: mapping local policy and practice in England'. *BMC public health*, 21(1), p.1691. Doi: <https://doi.org/10.1186/s12889-021-11741-5>

Duval, M., Harscoët, Y.-A., Jupille, J., Grall-Bronnec, M., Moret, L. and Chirio-Espitalier, M. (2022). 'Patients' perspectives of the effects of a group-based therapeutic patient education program for bipolar disorder: a qualitative analysis.' *BMC Psychiatry*, 22(1). Doi: <https://doi.org/10.1186/s12888-022-04241-2>.

Dyer, L., 2018. *Bipolar disorder: Can social media be used to diagnose mental illness?* South West Londoner Available at: <https://www.swlondoner.co.uk/news/18012018-bipolar-disorder-can-social-media-used-diagnose> (Accessed: 1 February 2026)

Elliott, A.L., Watson, S., Dodgson, G., Cohen-Tovée, E. and Ling, J. (2021). 'Changing practice: assessing attitudes toward a NICE-informed collaborative treatment pathway for bipolar disorder'. *BJPsych Open*, 7(2). Doi: <https://doi.org/10.1192/bjo.2021.22>.

Faurholt-Jepsen, M., Kyster, N.B., Dyreholt, M.S., Christensen, E.M., Bondo-Kozuch, P., *et al.* (2023). 'The effect of smartphone-based monitoring and treatment including clinical feedback versus smartphone-based monitoring without clinical feedback in bipolar disorder: the SmartBipolar trial—a study protocol for a randomized controlled parallel-group trial'. *Trials*, 24(1), pp.1–15. Doi: <https://doi.org/10.1186/s13063-023-07625-1>.

Favre, S. and Richard-Lepouriel, H. (2023). Self-stigma and bipolar disorder: A systematic review and best-evidence synthesis. *Journal of Affective Disorders*, 335, pp.273–288. Doi: <https://doi.org/10.1016/j.jad.2023.05.041>.

Fielding-Miller, R., Kim, S., Bowles, J., Streuli, S. and Davidson, P. (2022). ‘We’re already doing this work’: ethical research with community-based organizations. *BMC Medical Research Methodology*, 22(1). Doi: <https://doi.org/10.1186/s12874-022-01713-7>.

Fulceri, F., Letizia Gila, Caruso, A., Micai, M., Romano, G. and Maria Luisa Scattoni (2023). ‘Building Bricks of Integrated Care Pathway for Autism Spectrum Disorder: A Systematic Review.’ *International Journal of Molecular Sciences*, 24(7), pp.6222–6222. Doi: <https://doi.org/10.3390/ijms24076222>.

Ghanad, A., (2023). An overview of quantitative research methods. *International journal of multidisciplinary research and analysis*, 6(08), pp.3794-3803. Doi: <https://doi.org/10.47191/ijmra/v6-i8-52>

Gleason, M.M., Flom, M., Rapoport, S., Williams, A., Birch, A., Wells, N.K., Forman-Hoffman, V. and Robinson, A. (2025). A Relational Agent Intervention for Adolescents Seeking Mental Health Treatment: Outcomes From a Randomized Controlled Trial Within a Children’s Outpatient Hospital. *JAACAP Open*. Doi: <https://doi.org/10.1016/j.jaacop.2025.02.002>.

Gómez-Ochoa, S.A., Rojas, L.Z., Hernández-Vargas, J.A., Largo, J., Muka, T. and Echeverría, L.E. (2022). Longitudinal Speckle Tracking Strain Abnormalities in Chagas Disease: A Systematic Review and Meta-Analysis. *Journal of Clinical Medicine*, 11(3), p.769. Doi: <https://doi.org/10.3390/jcm11030769>.

Goulding, E.H., Dopke, C.A., Rossom, R., Jonathan, G., Mohr, D. and Kwasny, M.J. (2022). ‘Effects of a Smartphone-Based Self-management Intervention for Individuals With Bipolar Disorder on Relapse, Symptom Burden, and Quality of Life’. *JAMA Psychiatry*, 80(2).Doi: <https://doi.org/10.1001/jamapsychiatry.2022.4304> .

Goulding, E.H., Dopke, C.A., Rossom, R.C., Michaels, T., Martin, C.R., Ryan, C., Jonathan, G., McBride, A., Babington, P., Bernstein, M. and Bank, A., 2022. A smartphone-based self-management intervention for individuals with bipolar disorder (LiveWell): empirical and theoretical framework, intervention design, and study protocol for a randomized controlled trial. *JMIR research protocols*, 11(2), p.e30710. Doi: <https://doi.org/10.2196/30710>

Gov UK, (2025). *Copyright, Designs and Patents Act 1988*. Available at: <https://www.legislation.gov.uk/ukpga/1988/48/contents> [Accessed: 12 December 2025].

Gründer, G., Brand, M., Mertens, L.J., Jungaberle, H., Kärtner, L., Scharf, D., Spangemacher, M. and Wolff, M. (2023). Treatment with psychedelics is psychotherapy: beyond reductionism. *The Lancet Psychiatry*, 11(3). Doi: [https://doi.org/10.1016/s2215-0366\(23\)00363-2](https://doi.org/10.1016/s2215-0366(23)00363-2).

Hartung, T., Hoffmann, S. and Whaley, P., (2025). Assessing risk of bias in toxicological studies in the era of artificial intelligence. *Archives of Toxicology*, pp.1-26. Doi: <https://doi.org/10.1007/s00204-025-03978-5>

Harvey, C., Zirnsak, T.-M., Brasier, C., Ennals, P., Fletcher, J., Hamilton, B., Killaspy, H., McKenzie, P., Kennedy, H. and Brophy, L. (2023). Community-based models of care facilitating the recovery of people living with persistent and complex mental health needs: a systematic review and narrative synthesis. *Frontiers in Psychiatry*, 14(14). Doi: <https://doi.org/10.3389/fpsyt.2023.1259944>.

Hatzioannou, A., Chatzittofis, A., Koutroubas, V.S., Papastavrou, E. and Karanikola, M., (2021). Combined use of web-based and in-person education on ill health self-management skills in adults with bipolar disorder: Protocol for a mixed methods study. *JMIR Research Protocols*, 10(9), p.e25168. Doi: [10.2196/25168](https://doi.org/10.2196/25168)

Hett, D., Morales-Muñoz, I., BuseBerilDurdurak, Carlish, M. and Marwaha, S. (2023). 'Rates and associations of relapse over 5 years of 2649 people with bipolar disorder: a retrospective UK cohort study'. *International Journal of Bipolar Disorders*, 11(1). Doi: <https://doi.org/10.1186/s40345-023-00302-x>.

Hikmat, R., Suryani, S., Yosep, I., Jeharsae, R., Widiati, E., Hidayati, N.O., Sutini, T., Hernawaty, T., Sriati, A. and Rafiyah, I. (2025). 'Community-based recovery interventions for improving mental health in schizophrenia patients: a scoping review in Southeast Asia.' *BMC Psychiatry*, 25(1). Doi: <https://doi.org/10.1186/s12888-025-06962-6>.

Hobbs, C. and Wood, E. (2025). What factors influence the retention of workers in NHS mental health crisis services in England? A reflexive thematic analysis. *PubMed*, 15(10), pp. e104551–e104551. Doi: <https://doi.org/10.1136/bmjopen-2025-104551>.

Høgh Egmos, C., Heinsvig Poulsen, C., Hjorthøj, C., Skriver Mundy, S., Hellström, L., Nørgaard Nielsen, M., Korsbek, L., Serup Rasmussen, K. and Falgaard Epløv, L. (2023). The

Effectiveness of Peer Support in Personal and Clinical Recovery—Systematic Review and Meta-Analysis. *Psychiatric Services*, 74(8). Doi: <https://doi.org/10.1176/appi.ps.202100138>.

Humphreys, C., Hodgekins, J., Shetty, H., Schofield, P., Stewart, R. and Oduola, S. (2025). 'Understanding the intersections between ethnicity, area-level deprivation, and inpatient-related features amongst patients with psychotic disorders: a mental health electronic records analysis.' *Social Psychiatry and Psychiatric Epidemiology*. Doi: <https://doi.org/10.1007/s00127-025-02908-1>.

Humpston, C.S., Bebbington, P. and Marwaha, S. (2020). Bipolar disorder: Prevalence, help-seeking and use of mental health care in England. Findings from the 2014 Adult Psychiatric Morbidity Survey. *Journal of Affective Disorders*, 282. Doi: <https://doi.org/10.1016/j.jad.2020.12.151>.

Jain, A. and Mitra, P., (2020). Bipolar disorder. <https://www.ncbi.nlm.nih.gov/books/NBK558998/>.

Jidong, D.E., Husain, M.I., Ike, T.J., Husain, N., Taru, M.Y., Nnaemeka, N.C., Francis, C., Jack, D.B., Mwankon, S.B., Xue, S. and Pwajok, J.Y., (2023). Bipolar disorders in Nigeria: a mixed-methods study of patients, family caregivers, clinicians, and the community members' perspectives. *International Journal of Bipolar Disorders*, 11(1), p.2. Doi: <https://doi.org/10.1186/s40345-022-00276-2>

Jones, S.H., Byford, S., Coleman, E., Creswell, C., Cryle, L., Duffy, A., Fortier, S., Hewitt, C.E., Lobban, F., Lodge, C. and Morriss, R., (2025). A randomised controlled clinical and cost effectiveness trial of an online integrated bipolar parenting intervention (IBPI) compared to treatment as usual in improving child emotional and behavioural outcomes: a study protocol. *BMC psychiatry*, 25(1), p.816. Doi: <https://doi.org/10.1186/s12888-025-07214-3>

Kenwright, M., Fairclough, P., McDonald, J. and Pickford, L. (2024). 'Effectiveness of Community Mental Health Nurses in an integrated primary care service: An observational cohort study'. *International Journal of Nursing Studies Advances*, 6, pp.100182–100182. Doi: <https://doi.org/10.1016/j.ijnsa.2024.100182> .

Kessing, L.V., Kyster, N.B., Bondo-Kozuch, P., Christensen, E.M., Vejstrup, B., Smidt, B., Jørgensen, A.M.B., Rosenberg, R., Mardosas, D., Rasmussen, L.B. and Vinberg, M., (2021). Effect of specialised versus generalised outpatient treatment for bipolar disorder: the CAG Bipolar trial-study protocol for a randomised controlled trial. *BMJ open*, 11(10), p.e048821. Doi: [10.1136/bmjopen-2021-048821](https://doi.org/10.1136/bmjopen-2021-048821)

Killaspy, H., Harvey, C., Brasier, C., Brophy, L., Ennals, P., Fletcher, J. and Hamilton, B., (2022). Community-based social interventions for people with severe mental illness: a systematic review and narrative synthesis of recent evidence. *World Psychiatry*, 21(1), pp.96-123. Doi: <https://doi.org/10.1002/wps.20940>

Klumpp, M., Hanelt, A., Greve, M., Kolbe, L.M., Tofangchi, S., Böhrnsen, F., Jakob, J., Kaczmarek, S., Börsting, I., Ehmke, C., Düsing, H. and Juhra, C. (2022). Accelerating the Front End of Medicine: Three Digital Use Cases and HCI Implications. *Healthcare*, 10(11), p.2176. Doi: <https://doi.org/10.3390/healthcare10112176>

Kokko, R.-L., Hänninen, K. and Törrönen, M. (2020). 'Social Rehabilitation Through a Community-Based Rehabilitation Lens: Empowerment, Participation and Inclusion of the Elderly Long-Term Unemployed in the Re-employment Process.' *Journal of Psychosocial Rehabilitation and Mental Health*. Doi: <https://doi.org/10.1007/s40737-020-00189-2>.

Lam,D., Hayward, P., Watkins, E.R. and Sham, P., 2005. *Relapse Rates Over 18 Months Follow-Up Period for Bipolar Disorder Patients Randomly Assigned to Treatment With Cognitive Therapy or a Control Condition*. *ResearchGate*. Available at: https://www.researchgate.net/figure/Relapse-Rates-Over-an-18-Month-Follow-Up-Period-for-Bipolar-Disorder-Patients-Randomly_fig2_8053714 (Accessed: 1 February 2026)

LAOP Editorial Team, 2025. *Bipolar Disorder: Symptoms, Causes and Treatment*. Los Angeles outpatient Centre. Available at: <https://laopcenter.com/mental-health/disorder/bipolar/> (Accessed: 1 February 2026).

Latifian, M., Abdi, K., Raheb, G., Islam, S.M.S. and Alikhani, R., 2023. Stigma in people living with bipolar disorder and their families: a systematic review. *International Journal of Bipolar Disorder*, 11(1), p.9. Doi: [10.1186/s40345-023-00290-y](https://doi.org/10.1186/s40345-023-00290-y)

Lee, C., Kuhn, I., McGrath, M., Remes, O., Cowan, A., Duncan, F., Baskin, C., Oliver, E.J., Osborn, D.P., Dykxhoorn, J. and Kaner, E., (2022). A systematic scoping review of community-based interventions for the prevention of mental ill-health and the promotion of mental health in older adults in the UK. *Health & social care in the community*, 30(1), pp.27-57. Doi: <https://doi.org/10.1111/hsc.13413>

Lee, C.-H. and Lee, Y.-C. (2021). Effects of Different Finger Grips and Arm Positions on the Performance of Manipulating the Chinese Brush in Chinese Adolescents. *International Journal of Environmental Research and Public Health*, 18(19), p.10291. Doi: <https://doi.org/10.3390/ijerph181910291>.

Mancin, S., Sguanci, M., Andreoli, D., Soekeland, F., Anastasi, G., Piredda, M. and De Marinis, M.G., (2024). Systematic review of clinical practice guidelines and systematic reviews: a method for conducting comprehensive analysis. *MethodsX*, 12, p.102532. Doi: <https://doi.org/10.1016/j.mex.2023.102532>

Mao, W., Shalaby, R. and Agyapong, V.I.O. (2023). Interventions to Reduce Repeat Presentations to Hospital Emergency Departments for Mental Health Concerns: A Scoping Review of the Literature. *Healthcare*, 11(8), p.1161. Doi: <https://doi.org/10.3390/healthcare11081161>

Marshall, P., Jones, S., Gooding, P., Robinson, H. and Lobban, F., (2022). Caring for a Family Member with psychosis or bipolar disorder who has experienced suicidal Behaviour: an exploratory qualitative study of an online peer-support forum. *International journal of environmental research and public health*, 19(22), p.15192. Doi: <https://doi.org/10.3390/ijerph192215192>

Mayo Clinic (2024). *Bipolar disorder*. Available at: <https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955> (Accessed: 27 November 2025).

McCartan, C.J., Yap, J., Best, P., Breedvelt, J., Breslin, G., Firth, J., Tully, M.A., Webb, P., White, C., Gilbody, S. and Churchill, R., (2024). Factors that influence participation in physical activity for people with bipolar disorder: a synthesis of qualitative evidence. *Cochrane Database of Systematic Reviews*, (6). Doi: <https://doi.org/10.1002/14651858.CD013557.pub2>

McLeroy, K.R., Norton, B.L., Kegler, M.C., Burdine, J.N. and Sumaya C.V. (2003) 'Community-based interventions', *American Journal of Public Health*, 93(4), pp.529-533. Doi: [10.2105/ajph.93.4.529](https://doi.org/10.2105/ajph.93.4.529)

Michalak, E.E., Barnes, S.J., Morton, E., O'Brien, H.L., Murray, G., Hole, R. and Meyer, D., (2022). Supporting self-management and quality of life in bipolar disorder with the PolarUs App (Alpha): protocol for a mixed methods study. *JMIR Research Protocols*, 11(8), p.e36213. Doi: <https://doi.org/10.2196/36213>

Milic, J., Zrnica, I., Grego, E., Jovic, D., Stankovic, V., Djurdjevic, S. and Sapic, R. (2025). 'The Role of Artificial Intelligence in Managing Bipolar Disorder: A New Frontier in Patient Care.' *Journal of Clinical Medicine*, 14(7), p.2515. Doi: <https://doi.org/10.3390/jcm14072515>.

Milic, J., Zrnica, I., Milica Vucurovic, Grego, E., Sanja Djurdjevic and Sapic, R. (2025). 'Short Communication on Proposed Treatment Directions in Bipolar Disorder: A Psychotherapy

Perspective.' *Journal of Clinical Medicine*, 14(6), pp.1857–1857. Doi: <https://doi.org/10.3390/jcm14061857>.

Morton, E., Kanani, S.S., Dee, N., Hu, R.X. and Michalak, E.E., (2025). A Brief Video-Based Intervention to Improve Digital Health Literacy for Individuals with Bipolar Disorder: Intervention Development and Results of a Single-Arm Quantitative Pilot Study. *Journal of Participatory Medicine*, 17(1), p.e59806. Doi: <https://doi.org/10.2196/59806>

National institute for Health and Care Excellence (NICE) (2025) bipolar disorder: assessment and management (CG185) Available at: <https://www.nice.org.uk/guidance/cg185> (Accessed at: 26 November)

Naqvi, A.A., Khan, M.U., Nguyen, H., Karim, L., Said, A. and Nnadi, A. (2025). 'Exploring Pharmacists' Perceptions of Their Current Role in Mental Health Trusts in England: A Qualitative Study.' *Healthcare*, 13(20), pp.2602–2602. Doi: <https://doi.org/10.3390/healthcare13202602>.

Naylor, C., Cream, J., Chikwira, L. and Gowar, C. (2024). *Realising the potential of integrated care systems*. https://assets.kingsfund.org.uk/f/256914/x/6709372a21/realising_potential_ics_report_2024.pdf.

NHS England (2024). *NHS England Community Mental Health Services*. Available at: <https://www.england.nhs.uk/mental-health/adults/cmhs/> (Accessed: 14 November 2025).

Okoli, C., (2023). Inductive, abductive and deductive theorising. *International Journal of Management Concepts and Philosophy*, 16(3), pp.302-316. Doi: <https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=3774317>

Okoniewski, W., Sundaram, M., Chaves-Gnecco, D., McAnany, K., Cowden, J.D. and Ragavan, M. (2022). Culturally Sensitive Interventions in Pediatric Primary Care Settings: A Systematic Review. *Pediatrics*, 149(2). Doi: <https://doi.org/10.1542/peds.2021-052162>

Olowe, K.J., Edoh, N.L., Zouo, S.J.C. and Olamijuwon, J., (2024). Conceptual frameworks and innovative biostatistical approaches for advancing public health research initiatives. *International Journal of Scholarly Research in Medicine and Dentistry*, 3(2), pp.11-21. Doi: <https://doi.org/10.56781/ijrmd.2024.3.2.0035>

Oneib, B., Mansour, A. and Bouazzaoui, M.A. (2025). The effect of psychoeducation on clinical symptoms, adherence, insight and autonomy in patients with schizophrenia. *Discover Mental Health*, 5(1). Doi: <https://doi.org/10.1007/s44192-025-00152-2>.

Parker, S., Pearson, L., Carney, R., Bentall, R.P., Broome, M.R., Cernis, E., Clarke, T., Jones, S., Moran, K., Wilson, J. and Coleman, I., (2025). Cognitive behavioural therapy in comparison to treatment as usual in young adults at high risk of developing bipolar disorder (Bipolar At Risk): a randomised controlled trial to investigate the efficacy of a treatment approach targeted at key appraisal change: Bipolar At Risk Trial II (BART II). *BMC psychiatry*, 25(1), p.649. Doi: <https://doi.org/10.1186/s12888-025-06973-3>

Parums, D.V., (2021). Review articles, systematic reviews, meta-analysis, and the updated preferred reporting items for systematic reviews and meta-analyses (PRISMA) 2020 guidelines. *Medical science monitor: international medical journal of experimental and clinical research*, 27, pp.e934475-1. Doi: <https://doi.org/10.12659/MSM.934475>

Pervin, N. and Mokhtar, M., (2022). The interpretivist research paradigm: A subjective notion of a social context. *International Journal of Academic Research in Progressive Education and Development*, 11(2), pp.419-428. Doi: <http://dx.doi.org/10.6007/IJARPED/v11-i2/12938>

Polas, M.R.H., (2025). Common method bias in social and behavioral research: Strategic solutions for quantitative research in the doctoral research. *Journal of Comprehensive Business Administration Research*, pp.1-12. Doi: <https://doi.org/10.47852/bonviewJCBAR52024285>

Pollák, F., Markovič, P., Vavrek, R. and Konečný, M. (2022). Return to the New Normal: Empirical Analysis of Changes in E-Consumer Behavior during the COVID-19 Pandemic. *Behavioral Sciences*, 12(3), p.85. Doi: <https://doi.org/10.3390/bs12030085>

Ratheesh, A., Hett, D., Raiman, J., Wong, E., Berk, L., Conus, P., Fristad, M.A., Goldstein, T., Hillegers, M., Jauhar, S., Kessing, L.V., Miklowitz, D.J., Murray, G., Scott, J., Tohen, M., Yatham, L.N., Young, A.H., Berk, M. and Marwaha, S. (2023). 'A systematic review of interventions in the early course of bipolar disorder I or II: a report of the International Society for Bipolar Disorders Taskforce on early intervention'. *International Journal of Bipolar Disorders*, 11(1).Doi: <https://doi.org/10.1186/s40345-022-00275-3> .

Reeves, V., McIntyre, H., Loughhead, M., Matthew Anthony Halpin and Procter, N. (2024). 'Actions targeting the integration of peer workforces in mental health organisations: a mixed-

methods systematic review.' *BMC psychiatry*, 24(1). Doi: <https://doi.org/10.1186/s12888-024-05664-9>.

Roach, E.J., Al-abri, K., Yesodharan, D.K., Arulappan, J., Al Sabei, S. and Al Shekaili, M.S. (2025). 'Barriers and facilitators in child and adolescent mental health services in a Middle Eastern country: qualitative study.' *BMC Health Services Research*, 25(1). Doi: <https://doi.org/10.1186/s12913-025-13209-3>.

Ruralhealthinfo, (2025). *The Health Belief Model*. Available at: <https://www.ruralhealthinfo.org/toolkits/health-promotion/2/theories-and-models/health-belief#:~:q=health+belief&context=health-promotion> [Accessed 26 December 2025]

Saxena, S. and Sharan, P. (2025). 'Mental Health Resources and Services'. *International Encyclopedia of Public Health*, pp.418–430. Doi: <https://doi.org/10.1016/b978-012373960-5.00043-5>.

Shin, E. and Lee, H. (2021). Effects of Using Perineal Underwear on Discomfort and Shame in Angiography Patients. *International Journal of Environmental Research and Public Health*, 18(5), p.2480. Doi: <https://doi.org/10.3390/ijerph18052480>

Simmons, M.B., Cartner, S., MacDonald, R., Whitson, S., Bailey, A. and Brown, E. (2023). 'The effectiveness of peer support from a person with lived experience of mental health challenges for young people with anxiety and depression: a systematic review.' *BMC Psychiatry*, 23(1). Doi: <https://doi.org/10.1186/s12888-023-04578-2>.

Simon, J., Pari, A.A.A., Wolstenholme, J., Berger, M., Goodwin, G.M. and Geddes, J.R. (2021). 'The costs of bipolar disorder in the United Kingdom'. *Brain and Behavior*, 11(10). Doi: <https://doi.org/10.1002/brb3.2351>.

Soldini, E., Alippi, M., Zufferey, M.C., Lisi, A., Lucchini, M., Albanese, E., Colombo, R.A., Rossa, S., Bolla, E., Mellacqua, Z.B., Larghi, G., Cordasco, S., Kawohl, W., Crivelli, L. and Traber, R. (2022). 'Effectiveness of crisis resolution home treatment for the management of acute psychiatric crises in Southern Switzerland: a natural experiment based on geography.' *BMC Psychiatry*, 22(1). Doi: <https://doi.org/10.1186/s12888-022-04020-z>.

Somanathan, R., Gandhi, S., Sivakumar, T. and Manjunatha, N. (2025). Nurse-led treatment engagement interventions for persons with severe mental illnesses in community settings. *World Journal of Psychiatry*, 15(9). Doi: <https://doi.org/10.5498/wjp.v15.i9.107720>.

Suragarn, U., Hain, D. & Pfaff, G., 2021. Approaches to enhance social connection in older adults: an integrative review of literature. *Aging and Health Research*, 1(3), 100029. Doi: <https://doi.org/10.1016/j.ahr.2021.100029>

Tashiro, A., (2022). Assessing green management in health belief model: An analysis of a post-disaster rural context. *Journal of environmental management*, 302, p.114025. Doi: <https://doi.org/10.1016/j.jenvman.2021.114025>

Tay, B.S.J., Cox, D.N., Brinkworth, G.D., Davis, A., Edney, S.M., Gwilt, I. and Ryan, J.C. (2021). 'Co-Design Practices in Diet and Nutrition Research: An Integrative Review.' *Nutrients*, 13(10), p.3593. Doi: <https://doi.org/10.3390/nu13103593>.

Tu, E.-N., Saunders, K.E., Rashid, L., Dalton, L. and Creswell, C. (2025). 'Communication with children about parental bipolar disorder: a qualitative interview study.' *International Journal of Bipolar Disorders*, 13(1). Doi: <https://doi.org/10.1186/s40345-025-00384-9>.

Väisänen, D., Kallings, Lena.V., Andersson, G., Wallin, P., Hemmingsson, E. and Ekblom-Bak, E. (2021). Cardiorespiratory Fitness in Occupational Groups—Trends over 20 Years and Future Forecasts. *International Journal of Environmental Research and Public Health*, 18(16), p.8437. Doi: [10.3390/ijerph18168437](https://doi.org/10.3390/ijerph18168437)

Wada Gaolaolwe, Moagi, M.M., 'Gaotswake Patience Kovane and Leepile Sehularo (2024). Exploration of Effective Substance Use Relapse Prevention Programmes for the Youth: An Integrative Literature Review.' *Journal of Psychiatric and Mental Health Nursing*. Doi: <https://doi.org/10.1111/jpm.13144>.

Wang, R., Samarasinghe, D.A.S., Skelton, L. and Rotimi, J.O.B., (2022). A study of design change management for infrastructure development projects in New Zealand. *Buildings*, 12(9), p.1486. Doi: <https://doi.org/10.3390/buildings12091486>

WHO (2025). *From isolation to inclusion: community-based mental health care*. Available at: <https://www.who.int/news-room/commentaries/detail/from-isolation-to-inclusion---community-based-mental-health-care> (Accessed: 25 November 2025).

WHO (2025). *WHO global strategy on people-centred and integrated health services Interim Report*. Available at: https://www.afro.who.int/sites/default/files/2017-07/who-global-strategy-on-pcihs-main-document_final.pdf (Accessed: 28 November 2025).

Wilson-Menzfeld, G., Erfani, G., Young-Murphy, L., Charlton, W., De Luca, H., Brittain, K. and Steven, A. (2024). Identifying and understanding digital exclusion: a mixed-methods study.

Behaviour & information technology, 44(8), pp.1649–1666. Doi: <https://doi.org/10.1080/0144929x.2024.2368087>

World Health Organization (2021). *Comprehensive Mental Health Action Plan 2013 - 2030*. Available at: <https://www.who.int/publications/i/item/9789240031029> (Accessed: 14 November 2025).

World Health Organization (2022). *Mental health*. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (Accessed: 14 November 2025).

Yang, J., Glover, N. and Wood, L. (2025). 'Patient experiences of crisis home treatment teams: a systematic review and thematic synthesis.' *Social Psychiatry and Psychiatric Epidemiology*. Doi: <https://doi.org/10.1007/s00127-025-02830-6>.

Yu, B., Zhou, J., Gong, Y., Han, J., Dong, P., Yang, S., Liao, R., Guan, P. and Yang, S., (2020). Self-efficacy mediates perceived benefits and barriers of adherence of heroin-dependent patients to methadone for addiction treatment: a health belief model study. *Journal of addiction medicine*, 14(4), pp.e110-e117. Doi: [10.1097/ADM.0000000000000640](https://doi.org/10.1097/ADM.0000000000000640)

Zeng, Q., Chen, W., Xu, S., Yang, X., Xue, D., Peng, Y., Lin, X., Yu, Y., Huang, H., Huang, P. and Dong, M., (2025). Understanding facilitators and barriers to adherence in home-based pulmonary rehabilitation for chronic obstructive pulmonary disease patients using the Health Belief Model: a qualitative study. *Frontiers in Public Health*, 13, p.1553744. Doi: <https://doi.org/10.3389/fpubh.2025.1553744>

Zhao, Y.C., Zhao, M. and Song, S., (2022). Online health information seeking among patients with chronic conditions: integrating the health belief model and social support theory. *Journal of medical Internet research*, 24(11), p.e42447. Doi: <https://doi.org/10.2196/42447>

Zhou, J., Zhai, Q., Qi, H., Jin, X., Xiao, C., Li, W., Song, J., Feng, L., Wang, H., Dong, C., Yu, Z., Feng, Y., Wang, G. and Yan, F. (2025). Randomized clinical trial of a digital medication system to enhance adherence in patients with severe mental disorders. *npj Digital Medicine*, 8(1). Doi: <https://doi.org/10.1038/s41746-025-01748-2>

Appendix 1: [CASP Application]

Appraisal Questions

- Was the question clearly focused?
- Did the authors look for the right type of papers?
- Were all relevant studies included?
- Was quality assessment of included studies sufficient?
- Was combining results reasonable?
- What are the overall results?
- How precise are the results?
- Can the results be applied locally?
- Were all important outcomes considered?
- Are the benefits worth the harms and costs?

Summary Table

Author	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
1. (Morton <i>et al.</i> 2025)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
2. (Marshall <i>et al.</i> 2022)	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
3. (Parker <i>et al.</i> 2025)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
4. (Hatzioannou <i>et al.</i> 2021)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
5. (Jones <i>et al.</i> 2025)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
6. (Kessing <i>et al.</i> 2021)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
7. (Zhou <i>et al.</i> 2025)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes

8. (Jidong <i>et al.</i> 2023)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No
9. (Chew-Graham <i>et al.</i> 2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
10. (Michalak <i>et al.</i> 2022)	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
11. (Goulding <i>et al.</i> (2022)	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No

Notes

- **N/A:** Not applicable (e.g., reviews not aimed at combining results or theoretical analyses).
- **Yes:** The criterion is fully met.
- **No:** The criterion is not met.
- **Can't Tell:** It is not clear whether the criterion is met based on available information.

Appendix 2: [Data Extraction]

Study author's name And Title	Objective/Purpose	Setting/s/Sample	Methodology Study design was it appropriate or not	Strengths (Validity, reliability, generalizability)	Weaknesses (e.g. bias, small sample size, statistical tests not explained well. No intervention)	Results/Outcomes	Conclusion	Data extraction criteria (Derived from research objective 1)	Data extraction criteria (Derived from research objective 2)	Themes per each articles
Morton <i>et al.</i> (2025)	To evaluate a video-	42 adults diag	Single-arm quantitative	Use of validated e-Health	Small sample size limits	Participants described improved digital and	The video intervention on general and mobile health	Impact of video intervention on general and mobile health literacy levels	Ability to evaluate data protection, privacy and quality of digital	The types of community-based interventions

“A Brief Video-Based Intervention to Improve Digital Health Literacy for Individuals With Bipolar Disorder: Intervention Development and Results of a Single-Arm	based intervention aimed at improving digital and mobile health literacy among individuals with bipolar disorder	nosed with bipolar disorder	pilot study using pre and post-intervention web-based surveys for feasibility and preliminary effectiveness assessment	Literacy Scale (eHEALS) supports reliability and construct validity. Focus on digital safety and resource quality improvements	generalisability. Sampling strategy not specified, enhancing risk of selection bias, Lack of control group limits causal inference	mobile health literacy including ability to evaluate app data protection and quality of digital health resources	literacy levels in individuals with bipolar disorder	in individuals with bipolar disorder	health applications and resources port-interventions	(CBIs) currently implemented within the NHS and voluntary sectors
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Quantitative Pilot Study”				relevance						
Marshall <i>et al.</i> (2022) “Caring for a Family Member with psychosis or bipolar disorder who has experience d suicidal Behaviour: an exploratory qualitative	To explore carer’s experiences for supporting relative s with psychosis or bipolar disorder who exhibit the suicidal	178 posts by 29 forum users	Qualitative thematic analysis of online forum posts, appropriate as evaluating the lived experiences	Rich qualitative data improves credibility; real-world digital contexts support ecological validity	Small, self-selecting sample size limits generalisability, dependence on online posts might introduce reporting bias	Three themes have been identified to explore fear, repeated crises and challenges accessing support	Digital platforms and crisis models can support carers ; however, further research is required	Carer’s emotional and practical issues in managing suicidal and accessibility of help	Suicide as threat, recurring crises, need for accessible support	

study of an online peer-support forum”	behaviours									
Parker <i>et al.</i> (2025) “Cognitive behaviour al therapy in compariso n to treatment as usual in young adults at high risk of developing bipolar disorder	To evaluate the efficiency and mechanisms of CBT for individuals at Bipolar At Risk (BAR) in prevent	5 NHS sites, UK young people meeting BAR criteria	Multicentre rater-masked RCT comparing CBTB AR+T AU vs TAU, appropriate for effectiveness	RCT design strengthens internal validity, multicentre recruitment enhances generalisability, mixed-method	Outcomes pending implementation issues can impact scalability, reliance on the service availabil	Expected improvements in mood swings, functioning and reduced BD transition risk	CBTBAR may be effective and implementable across the UK services	Impact of CBTBAR on mood instability and BD transition	Mechanisms of change and service implementation feasibility	

(Bipolar At Risk): a randomised controlled trial to investigate the efficacy of a treatment approach targeted at key appraisal change: Bipolar At Risk Trial II (BART II)”	ing transition to bipolar disorder		and mechanism testing	s enhance the depth of result	ity as well					
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Hatzioannou <i>et al.</i> (2021) “Combined use of web-based and in-person education on ill health self-management skills in adults with bipolar disorder: Protocol for a mixed methods study”	To develop and evaluate the ‘Management of my Bipolarity (MoB)’ educational intervention to improve knowledge and self-	Adults with bipolar disorder with 13 interviewed for needs assessment with inter-	Mixed-methods design combining qualitative focus groups and quantitative evaluation, appropriate for intervention develop-	Integration of qualitative and quantitative data to improve validity, structured instruments support reliability with digital reach improve	Small qualitative sample, effectiveness data pending, potential self-selection bias in platform use	MoB intervention and digital platform developed, high platform engagement observed	Structural educational interventions may improve adherence and quality of life	Impact of educational intervention on self-management skills and knowledge	Effect of MoB on adherence, relapse prevention and quality of life	
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	manag ement in adults with bipolar disorde r	on and contr ol digit al platf orm user s	pment and assess ment	applicab ility						
Jones <i>et al.</i> (2025) “Combined use of web-based and in-person education on ill health self-managem	To analyse the clinical and cost-effectiv eness of a digital parenti	UK-base d pare nts with BD and child ren aged	Definit e rando mised control led trial compa ring IBPI_T AU	RCT design improve s internal validity, use of validate d outcom es	Results pending , reliance on digital engage ment can introduc e	Primary outcomes include child emotional and behavioural functional and cost-utility at	IBPI may improve child and parent outcomes by addressing an unmet need	Effect of IBPI on child emotional and behavioural outcomes	Impact on parental mood, confidence, family functioning and cost-effectiveness	The perceived impact of CBIs on individuals’ wellbeing and symptom management among people with

ent skills in adults with bipolar disorder: Protocol for a mixed methods study”	ng intervention for parents with bipolar disorder	4-11 years, recruited through NHS , charities and social media	versus TAU, appropriate for effectiveness and economic evaluations	measures supports reliability, economic analysis enhanced policy relevance	participation bias					bipolar disorder
Kessing <i>et al.</i> (2021) “Effect of specialised versus	To evaluate whether	More than 600 patients,	Pragmatic parallel-group RCT,	Large sample improves statistical	Results pending , implementation	Primary outcomes including psychiatric hospitalisation	Specialised outpatient care may enhance clinical and service-related	Impact of specialised outpatient care on hospitalization outcomes	Effects on symptoms , quality of life, medication use	

generalise d outpatient treatment for bipolar disorder: the CAG Bipolar trial-study protocol for a randomise d controlled trial”	speciali sed outpati ent treatme nt enhanc es outcom es and clinical satisfac tion compar ed to the standar d commu nity care for	total 1000 enrol led in Den mark	appropri ate for evalua ting real- world effectiv eness	al power and generali sability; pragmat ic design enhanc es external validity	variabilit y across services can impact outcom es	ns. Secondary outcomes include symptoms, quality of life and satisfaction	outcomes in bipolar disorder		and satisfaction with care	
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	bipolar disorder.									
Zhou <i>et al.</i> (2025) “Randomized clinical trial of a digital medication system to enhance adherence in patients with severe mental disorders”	To evaluate the effectiveness of a digital medication system in enhancing adherence across the patients	216 adults with schizophrenia or bipolar disorder across the 30 communities	Cluster-randomized controlled trial comparing digital medication system versus online diary, appropriate	RCT design enhances strengths of internal validity, large community sample improves generalizability, objective	Potential digital literacy bias, limited literacy bias, limited to urban Chinese setting blinding not described	Significantly higher adherence in intervention group	Digital medication systems significantly enhance adherence in SMD populations	Effect of digital intervention on medication adherence	Comparative effectiveness of digital system versus standard digital diary	

	with serious mental disorders	ties at Beijing in China	for community-level interventions	adherence outcome improves reliability						
Jidong <i>et al.</i> (2023) “Bipolar disorders in Nigeria: a mixed-methods study of patients, family caregivers, clinicians, and the	To investigate public knowledge of bipolar disorders and explore lived experiences of	Study 1 with 575: Non-clinical sample, Study 2 15: Patient	Mixed-methods design combining cross-sectional survey and qualitative	Large quantitative sample improves generalisability; triangulation enhances credibility	Small qualitative sample, self-report bias, lack of intervention limits outcome	Low public awareness of BD, cultural and religious beliefs constraint treatment uptake	Culturally adapted psychological interventions are required in Nigeria	Public knowledge and socio-demographic correlates of BD awareness	Lived experiences and cultural barriers to BD treatment	

community members' perspectives"	patients , caregivers and clinicians in Nigeria	nts, clinical caregivers in Nigeria	interviews with appropriate for knowledge and experience exploration	y and validity	evaluation					
Chew-Graham <i>et al.</i> (2022) "The feasibility and acceptability of a	To assess the feasibility and acceptability of a brief	ESI was good , with n=17 (71%) recru	Mixed-methods feasibility evaluation, appropriate	Good retention supports feasibility, qualitative	Small sample size, recruitment issues, poor generalizability	High engagement, intervention acceptable to participants and facilitators	Community pharmacies are acceptable settings for preventable psychological support	Feasibility and acceptability of pharmacy-based psychological intervention	Barriers and facilitators to recruitment and implementation	The key drivers and barriers influencing the implementation of CBIs across

brief psychological intervention for adults with long-term health conditions and subthreshold depression delivered via community pharmacies: a mixed methods evaluation—the	psychological intervention delivered through community pharmacies	ited participants beginning the ESI, and retention rate at 4 months was good, n=20 (87.0 %).	riate for the testing acceptability and implementations	ve feedback improves credibility, real-world context enhancing applicability	sability, no effectiveness of testing					different regions of the UK
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Community Pharmacies Mood Intervention Study (CHEMIST)”										
Michalak <i>et al.</i> (2022) “Supporting self-management and quality of life in bipolar disorder with the PolarUs	To analyse the feasibility, impact and engagement of the PolarUs app support	150 North American adults with BD, qualitative sub-	Implemented mixed-methods pilot study, appropriate for feasibility, engagement	Co-design approach to improve ecological validity, validated QoL measure	Protocol stage with outcomes pending, self-selected sample can limit generalisability	Alpha app developed, recruitment initiated, outcomes to be assessed at 12 weeks	PolarUs may improve QoL self-management and inform a larger trial	Feasibility and impact of app on QoL outcomes	User engagement and acceptability if co-designed mHealth intervention	

App (Alpha): protocol for a mixed methods study”	ing QoL self-monitoring and self-management in BD	sam ple	ement and preliminary impact evaluation	enhanc es reliability, mixed methods strengthen interpretation						
Goulding <i>et al.</i> (2022) “A smartphone-based self-management intervention for	To evaluate the effectiveness of LiveWell in reducing relapse	205 adults with bipolar disorder, usual care	Single-blind randomized controlled trial, appropriate for testing	RCT design improves internal validity, longitudinal and behavioral data	Results pending , blinding limited to assessors, digital access may	Outcomes include time to relapse, symptoms burden and QoL with data collection completed	LiveWell may enhance outcomes by supporting personalized digital self-management in BD	Effect of smartphone self-management on relapse reservation	Role of target behaviours in enhancing outcomes	

individuals with bipolar disorder (LiveWell): empirical and theoretical framework , intervention design, and study protocol for a randomized controlled trial”	risk, symptom burden and enhancing quality of life in bipolar disorder	vs usual care + Live Well	clinical effectiveness and mechanisms	enhance the strengths of reliability, real-time data improves clinical relevance	affect inclusivity					
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Appendix 3 [Qualitative and Quantitative studies]

Quantitative generic data extraction

Details of study	Study 1	Study 2	Study 3	Study 4	Study 5	Study 6
Date of extraction	22/12/2025 5	24/12/2025	23/12/2025 5	21/12/2025	24/12/2025	24/12/2025

Title	A Brief Video-Based Intervention to Improve Digital Health Literacy for Individuals With Bipolar Disorder: Intervention Development and Results of a Single-Arm Quantitative Pilot Study	Cognitive behavioural therapy in comparison to treatment as usual in young adults at high risk of developing bipolar disorder (Bipolar At Risk): a randomized controlled trial to investigate the efficacy of a treatment approach targeted at key appraisal change: Bipolar At Risk Trial II (BART II)	A randomized controlled clinical trial and cost effectiveness trial of an online integrated bipolar parenting intervention (IBPI) compared to treatment as usual in improving child emotional and behavioural outcomes: a study protocol	Effect of specialised versus generalised outpatient treatment for bipolar disorder: the CAG Bipolar trial-study protocol for a randomised controlled trial.	Randomized clinical trial of a digital medication system to enhance adherence in patients with severe mental disorders	A Smartphone-based self-management intervention for individuals with bipolar disorder (LiveWell): empirical and theoretical framework, intervention design, and study protocol for a randomized controlled trial
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Source	Google Scholar	Google Scholar	Google Scholar	PubMed	Google Scholar	JMIR RP
Purpose	Improve digital literacy	CBT efficacy	Parenting outcomes	Specialised care	Medication adherence	Self-management
Study design	Single-arm pilot	RCT	RCT protocol	RCT protocol	RCT	RCT protocol
Population	Adults with BD	At-risk adults	Parents with BD	Adults with BD	Severe mental disorders	Adults with BD
Sample size	42	Ongoing	Ongoing	Ongoing	Large RCT	Ongoing
Diagnosis criteria	Clinical BD	High-risk criteria	BD parents	BD diagnosis	DSM-based	BD diagnosis
Setting	Community, online	Community clinics	Online	Outpatient	Community	Community
Intervention	Video education	CBT	IBPI online	Specialised clinics	Digital pill system	Smartphone app
Comparator	None	TAU	TAU	General care	Usual care	TAU
Outcomes	Improved digital health literacy, confidence in the use of online tools, and improved	Minimization of symptom development enhanced cognitive appraisal and	Improved parental psychosocial well-being, family functioning, and child	Reduced relapse enhanced functional outcome, and continuity of	The number of missed medication administrations, dose reduction, and symptom exacerbation	Increased self-management, mood management, medication adherence, and

	access to the community-based bipolar support services.	preliminary psychological coping in high-risk youths.	emotional and behavioural outcomes using organised online support.	specialised community outpatient treatment.	was improved due to a digitally monitored medicine system, which also increased medication adherence.	perceived quality of life in bipolar adults.
Adverse effects	Not reported	Minimal	Not reported	Not reported	Minimal	Not reported

Qualitative generic data extraction

Details of study	Study 1	Study 2	Study 3	Study 4	Study 5
Date of extraction	23/12/2025	24/12/2025	22/12/2025	23/12/2025	23/12/2025

Title	Caring for a Family Member with psychosis or bipolar disorder who has experienced suicidal Behaviour: an exploratory qualitative study of an online peer-support forum.	Bipolar disorders in Nigeria: a mixed-methods study of patients, family caregivers, clinicians, and the community members' perspectives.	The feasibility and acceptability of a brief psychological intervention for adults with long-term health conditions and sub threshold depression delivered via community pharmacies: a mixed methods evaluation—the Community Pharmacies Mood Intervention Study (CHEMIST)	Supporting self-management and quality of life in bipolar disorder with the Polar Us App (Alpha): protocol for a mixed methods study.	Combined use of web-based and in-person education on ill health self-management skills in adults with bipolar disorder: Protocol for a mixed methods study
Source	IJERPH	IJBPD	Google Scholar	Google Scholar	Science Direct

Purpose	Explore care giving	Perspectives on BD	Feasibility study	App acceptability	Self-management
Study design	Qualitative	Mixed methods	Mixed methods	Mixed methods	Mixed methods
Population	Carers, families	Patients, carers	Adults with LTCs	Adults with BD	Adults with BD
Sample selection	Purposive	Purposive	Convenience	Voluntary	Voluntary
Sample size	29 users	NR	NR	NR	NR
Age	Adults	Adults	Adults	Adults	Adults
Education/ethnicity	Varied	Varied	Varied	Varied	Varied
Setting	Online forum	Community	Community pharmacy	Community	Community
Primary diagnosis	BD/psychosis	BD	Sub threshold depression	BD	BD
Exposure	Peer support	Community care	Brief therapy	Digital app	Hybrid education

Outcomes	Enhanced emotional expression, perceived and coping support of suicidal crisis management in the caregivers.	Improved understanding of sickness, empowerment, and sensitivity to the social stigma impacting on behaviours of seeking help.	Higher acceptability is associated with awareness of the positivity of interaction and mood in a short-term community-pharmacy psychological intervention.	Increased positive self-management confidence, perceived quality of life, and user experience of online support tools.	The higher levels of self-management skills, higher levels of illness knowledge, and interaction during the dispersion of blended education.
Adverse effects	None	None	None	None	None