

Understanding psychosis and bipolar disorder

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Contents

Introduction	3
Course Aims and Objectives:	3
Competencies	3
Course Delivery	3
The Training Programme.....	4
Understanding Psychosis and Bipolar Disorder	5
Component 1: Understanding the experiences of Psychosis and Bipolar Disorder and why might they happen.	5
Component 2: Working alongside people.....	6
Component 3: Inclusive practice: involving others.....	7
Component 4. Treatments: Offering choices and Shared Decision Making	8

Introduction

Over the last two decades, there have been fundamental changes in the way we understand psychosis and bipolar disorder. Traditionally, these presentations have been viewed as biological illnesses with medication as the only treatment option. This course aims to update staff by providing a more holistic, bio-psychosocial perspective of psychosis and bipolar, both in terms of how we can understand these presentations in relation to people's life experiences, but also to appreciate the range of interventions that can help. The aim is to ensure mental health staff have a broader understanding of severe mental health problems and can offer an individualized, recovery orientated approach to care.

Course Aims and Objectives:

This two-day team training should be delivered to all members of the mental health team, including medical staff, nurses, psychologists, support and peer workers. The training should aim to ensure staff have the appropriate fundamental knowledge of psychosis and bipolar disorder to underpin an individualised bio-psychosocial, recovery orientated approach to care delivery. It should incorporate relevant, up to date evidence that informs current thinking on psychosis and bipolar disorder. The programme in itself is not intended to equip staff with skills to deliver psychological interventions but should provide an understanding of the range of interventions that might be beneficial, including psychological therapies.

Competencies

Much of the course content is referred to in the two British Psychological Society publications:

- 'Understanding Psychosis and Schizophrenia'
- 'Understanding Bipolar Disorder – Why People Experience Extreme Mood States, and What Can Help'

Course Delivery

The training will be:

- delivered to adult and older people's community mental health teams over two full days at a locally accessible location.
- Co-delivered by experts by profession working alongside those with lived experience of psychosis and/or bipolar disorder who also have experience of being treated by a Community Mental Health Team. Family members of those who have been diagnosed with these conditions should be involved in the design and delivery of component 4.

The training team will have:

- Knowledge and experience of successful training delivery.
- Experience of participating in a cultural change programme.
- Experience of working with people presenting with psychosis and bipolar as a mental health professional.
- Experience of delivering training alongside those with lived experience of mental distress.

The Training Programme

This two-day training programme is broken down into four core components, with each component being delivered in approximately half a day. There is no associated assessment of competences or related educational credits associated with this teaching.

Understanding Psychosis and Bipolar Disorder

Component 1: Understanding the experiences of Psychosis and Bipolar Disorder and why might they happen.

The curriculum will comprise the following:

- Understanding the wide-ranging personal experiences of psychosis and bipolar disorder. (Ideally these should be presented as personal accounts from a lived experience perspective).
- The continuum model of psychosis and bipolar disorder.
- Normalising experiences associated with psychosis and bipolar disorder.
- A bio-psychosocial understanding of psychosis and bipolar disorder.
- Recovery Models: Differences between clinical and personal recovery.

Learning Outcomes

This component will provide an opportunity for students to develop knowledge in the following:
Demonstrate knowledge and understanding:

- That individuals can experience Psychosis and Bipolar Disorder very differently.
- That many people experiencing psychosis experience voices inside their heads, despite this often being considered a “pseudo hallucination”.
- That there is a great deal of overlap in the experiences of people who are diagnosed with psychotic disorders, bipolar disorder (and personality disorders): they are not discrete conditions.
- Understanding that experiences associated with psychosis and bipolar disorder are on a continuum with ‘normal’ experiences and there is no clear cut off.
- That people with Bipolar Disorder often genuinely value aspects of their extreme mood experiences.
- Understanding that many people who are not considered to be “mentally ill” hear voices and have unusual and suspicious beliefs and extreme moods.
- That many people in the general population hear voices are not distressed by these and are able to live a happy and fulfilling life.
- That many people in the general population experience significantly mood instability and high levels of drive and are able to live well with these.
- To counter the simplistic ‘psychosis and bipolar are brain diseases’ model and understand that biological, psychological and social factors can all contribute to someone experiencing psychosis or bipolar in equal measure: it is not one or the other. Understanding that these are different, not contradictory, levels of explanation.
- Challenging stigma & myths about psychosis e.g. people with schizophrenia are violent, talking to people about hallucinations can make them worse.
- That trauma and adversity impacts on neurological processes and emotions.
- That there are many factors that can potentially contribute to the development of psychosis and bipolar disorder, these include: trauma & adversity including bullying, emotional, physical and sexual abuse, loss of a parent; poor attachments; being placed in care; deprivation; being isolated from cultural group; racism; urbanicity; substance misuse; sleep deprivation, success experiences and genetics.
- That it is often more validating to ask: “what happened to you” as opposed to “what’s wrong with you”.

Component 2: Working alongside people.

The curriculum will comprise the following:

- Clinical and personal recovery
- Human needs (including Connections, Hope, Positive Identity Meaning and Empowerment)
- Factors that impact on engagement

Learning Outcomes

This component will provide an opportunity for students to develop knowledge in the following:
Demonstrate knowledge and understanding in:

- The difference between clinical and personal recovery.
- Evidence of long-term recovery from psychosis and bipolar disorder (including long term recovery in those not taking antipsychotics and mood stabilisers).
- The importance of Connection, Hope, Meaning (making sense of experiences and having a meaningful life), a Positive Identity and Empowerment/choice (CHIME) in personal wellbeing and recovery.
- Human needs (including CHIME) and taking a service user defined, needs led/needs adapted approach, rather than a symptom focused approach to supporting people.
- How mental health service involvement can impact on the CHIME factors both positively and negatively (to include iatrogenic harms).
- Engagement Skills:
 - The importance of “empathic curiosity”: Understanding the importance of listening and validating and not trying to change a person.
 - Recognising that people attribute different meanings to their experiences. These meanings will be influenced by a number of factors including cultural, spiritual and life experiences. Recognising the importance of working within an individual’s own belief framework and not attempting to impose another.
 - Understanding the difference between validating emotions and experiences and colluding with beliefs.
 - Recognising that the engagement approach may need to be adapted to accommodate the current mood state of client.

Component 3: Inclusive practice: involving others.

The curriculum will comprise the following:

- The impact of having a close family member experience psychosis or bipolar disorder.
- Family inclusive practice, what it looks like and why it is important.
- Confidentiality issues when working with families.
- Understanding the roles of the multidisciplinary team and how these can support an individual's recovery.

Learning Outcomes

This component will provide an opportunity for students to develop knowledge and understanding in:

- The importance of family inclusive practice and involving families and/or friends from the start.
- Confidentiality in relation to working with families.
- The impact of psychosis and bipolar disorder on the person and those around them (families and friends).
- The importance of involving the family in treatment and of family members looking after their own stress levels.
- The needs of families and friends in relation to presenting psychosis/bipolar and how these might be met.
- The evidence base in relation to family involvement (not merely Family Interventions).
- The specific roles within the multi-disciplinary team in supporting an individual's personal recovery.

Ideally this component should be co designed and delivered with a family member or family members of someone living with psychosis or bipolar disorder.

Component 4. Treatments: Offering choices and Shared Decision Making

The curriculum will comprise the following:

- Treatments recommended by NICE for psychosis and bipolar disorder including psychological therapies.
- What the range of treatments/interventions aim to do.
- Effectiveness of treatments for psychosis and bipolar disorder.
- The importance of shared decision making and treatment choice.
- Identifying and meeting non-medical needs and promoting wellbeing.

This component will provide an opportunity for students to develop knowledge and understanding in:

- The range of treatments that should be offered to people experiencing psychosis and bipolar disorder including psychological therapies.
- Recognising the range of individual's goals and how these may not always equate to removal of psychotic or bipolar mood experiences.
- Individual responses to the range of treatments. Understanding that people respond differently to different treatments (both positively and negatively) and difficulty in predicting who will respond to what.
- Understanding the importance of Shared Decision Making and offering choice of treatments.
- Recognising that many people may not want to take medication, and this is an understandable decision based on their understanding of the problem and their assessment of the pros and cons of taking medication.
- Recognising that many needs (need for connection, positive identity, purposeful life, etc) can be met via non-medical interventions e.g. via community resources.
- Identifying local community assets/resources and understanding how these can help to meet a person's individual needs.

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