Evaluation of a Manualized Telehealth-Based Psychoeducation Group For Individuals at High Risk for Bipolar Disorder: A Feasibility Study

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Introduction

Bipolar disorder (BD) is a chronic psychiatric condition characterized by recurrent episodes of depression and (hypo)mania. Despite high prevalence, there is an 8–10-year gap between the onset and diagnosis of BD.[1] One of the primary reasons for this delay is the reluctance of individuals to seek help for hypomanic symptoms.[2] Further, current early intervention programs focus on intervening only after the diagnosis of BD is established and often yield suboptimal outcomes.[3] Given the substantial delay in the diagnosis of BD, coupled with the inadequacy of current interventions, there is a pressing need to shift focus towards facilitating early help-seeking for hypomanic episodes in high-risk individuals.

To help address this, we have developed a novel manualized telehealth-based group Psychoeducational and Resilience Enhancement Program for individuals at high risk for BD (PREP-BD).

The aim of this study is to:

(1) Investigate whether PREP-BD can be feasibly implemented to improve help-seeking in individuals at high risk of developing BD.

(2) Use feedback from participants and group facilitators to optimize PREP-BD.

Methods

Recruitment

Recruitment began on June 11, 2023, and completed on February 2, 2024. Out of 85 individuals who partook in the phone screen, 39 completed the screening session and 21 were found eligible.

Sample

Participants (N = 21; 15 female, 4 male, 2 non-binary), aged 15-24, recruited into the study met the Bipolar-At-Risk (BAR)[4] criteria, fulfilling one of the following three groups in the past 12 months:

(1) Sub-threshold manic symptoms
(2) Depression & cyclothymic features
(3) Depression & genetic risk of BD

Intervention

The intervention comprised 8 weekly, 60-minute group sessions conducted via Zoom. Family members were also invited to join for the screening session, final psychoeducation session, and a feedback session. Participants were assigned to one of four cohorts, led by a facilitator who was either a psychiatrist, child-adolescent psychiatry fellow, or social worker. Topics covered included depression, substance use, treatment of BD, coping strategies, mania, and hypomania, among others.

Measures

Primary outcomes for this feasibility trial included sign-up rate, completion rate, and acceptability as measured by the Client Satisfaction Questionnaire (CSQ-8). Participants also completed the Help-Seeking Intentions Questionnaire pre- and post-intervention.

Feedback Sessions

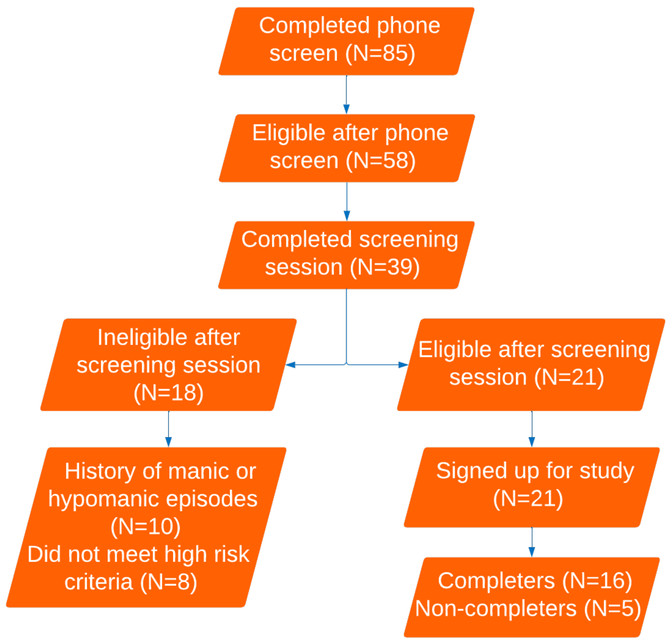
Following program completion, separate focus groups were conducted with participants, family members, and facilitators to gather their insights and suggestions for improving PREP-BD.

Results

Feasibility Assessment

Our findings indicate a recruitment rate of 2 eligible participants per month, a sign-up rate of 100%, and a completion rate of 76.2% (defined as attending at least 75% of group sessions). The mean score for CSQ-8 stands at 22.2 (scores above 20 are considered acceptable).

Study Recruitment Flowchart



Program Optimization

Feedback from participants indicates:

- An appreciation for the program's creation of a safe space to share and connect based on lived experiences.
- A preference for more complex content that extends beyond commonly known information about mental health.
- A desire for more concrete steps on how to seek help from others, particularly regarding professional mental health resources.

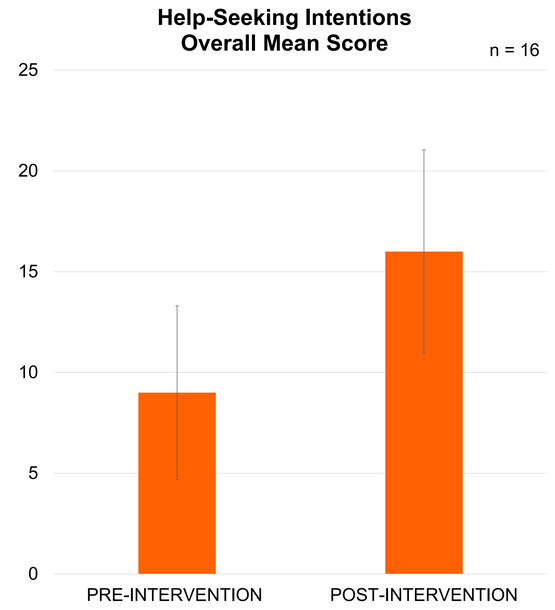
Feedback from facilitators highlighted:

- An overall positive experience facilitating the sessions, noting satisfaction with the content within PREP-BD.
- A need for more of an emphasis on harm reduction in discussions about substance use.
- Consolidating session topics to enhance individual session effectiveness.

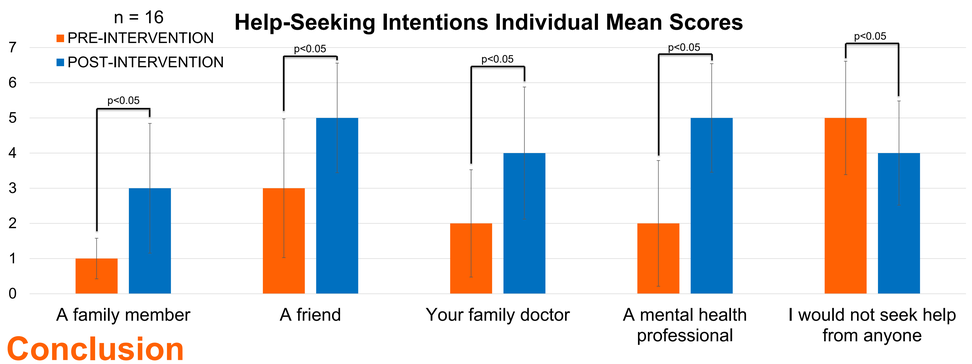
Preliminary Efficacy

The Help-Seeking Intentions Questionnaire assesses individuals' willingness to seek help in the face of different symptoms of BD. In the given scenario, participants are presented with a hypomanic episode and are asked to rate, using a Likert scale ranging from 1 to 7, the likelihood that they would seek help from different individuals if they were in this situation:

"Over the past week, Rio has been feeling elevated and more energetic than usual, despite not getting enough sleep. Rio has been staying up all night on-line shopping or working on various exciting projects. Rio has also noticed that they have been thinking faster and feeling more productive than usual. If you were in the same situation as Rio, how likely is it that you would seek help from the following people? Please indicate your response by selecting the number that best describes your intention to seek help from each help source that is listed."



On the Help-Seeking Intentions Questionnaire, there was a significant increase in the post-intervention score (M=16.13, SD=5.04) from the pre-intervention scores (M=8.94, SD=4.31); paired samples t-test with n = 16; t(15)=-4.69, p < 0.001.



Conclusion

To our knowledge, PREP-BD is the first intervention aimed at improving help-seeking in individuals who are at high-risk of developing BD.

Our research confirms the feasibility of PREP-BD, as indicated by our efficient recruitment, 100% sign-up rate, and satisfactory completion rate.

Our preliminary findings also indicate that PREP-BD increases willingness to seek help for signs and symptoms of BD.

The predominance of female participants and young adults indicate the need for outreach strategies that specifically target younger participants and high-risk males.

Feedback from participants and facilitators will be incorporated into the revision of PREP-BD, which will be used in our upcoming randomized controlled efficacy trial.

References

1. Keramatian K, Pinto J V., Schaffer A, Sharma V, Beaulieu S, Parikh S V., et al. Clinical and demographic factors associated with delayed diagnosis of bipolar disorder: Data from Health Outcomes and Patient Evaluations in Bipolar Disorder (HOPE-BD) study. J Affect Disord [Internet]. 2022 Jan 1 [cited 2023 Jan 8];296:506–13. Available from: https://pubmed.ncbi.nlm.nih.gov/34606817/
2. Fritz K, Russell AMT, Allwang C, Kuiper S, Lampe L, Malhi GS. Is a delay in the diagnosis of bipolar disorder inevitable? Bipolar Disord [Internet]. 2017 Aug 1 [cited 2023 Jan 8];19(5):396–400. Available from: https://pubmed.ncbi.nlm.nih.gov/28544121/
3. Gignac A, McGirr A, Lam RW, Yatham LN. Course and outcome following a first episode of mania: four-year prospective data from the Systematic Treatment Optimization Program (STOP-EM). J Affect Disord [Internet]. 2015 Apr 1 [cited 2024 Jan 14];175:411–7. Available from: https://pubmed.ncbi.nlm.nih.gov/25678174/
4. Bechdolf A, Nelson B, Cotton SM, Chanen A, Thompson A, Kettle J, et al. A preliminary evaluation of the validity of at-risk criteria for bipolar disorders in help-seeking adolescents and young adults. J Affect Disord [Internet]. 2010 Dec [cited 2024 Jan 14];127(1–3):316–20. Available from: https://pubmed.ncbi.nlm.nih.gov/20619465/