Inclusivity in Bipolar At-Risk Trials

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Context

UK Ethnic Minority people with bipolar disorder are more likely to experience misdiagnosis. Consequences of misdiagnosis can be severe, impeding intervention strategies and delaying access to evidence-based medications and psychological therapy which can increase the risk of symptom exacerbation (Akinhanmi et al., 2018).

Specific efforts and targeted funding in clinical trials are needed to tackle health disparities and address issues around accessibility and symptom identification for UK Ethnic Minorities.

What is the Bipolar At-Risk Trial (BART)?

BART is a clinical research trial led by Professor Sophie Parker. BART investigates if cognitive behavioural therapy (CBT) is a beneficial intervention for young people with distressing mood swings.

BART uses high and low mood state criteria to assess who is more likely to develop bipolar disorder; this is called bipolar at risk (BAR) criteria (Bechdolf et al., 2010).

BART's CBT intervention is based on the Integrative Cognitive Model (Mansell, et al., 2007) and a cognitive model for At Risk Mental States (Morrison, 2001) that determine treatment strategies and techniques targeting key appraisal change and coping behaviours. This CBT is called CBT$_{BAR}$.

BART Bipolar At Risk Trial

BART Findings

BART was first conducted in the Greater Manchester region during 2015-2018. The results found:

- CBT$_{BAR}$ is acceptable and feasible for those that meet bipolar at risk criteria.
- Results showed improved mood and functioning.
- Those who took part spoke positively about their experiences and the impact BART had on their life.

Scan the QR code to read more about participants' experiences of taking part in BART:

Jones et al. (2021). "It felt very special, it felt customised to me"—A qualitative investigation of the experiences of participating in a clinical trial of CBT for young people at risk of bipolar disorder. *Psychology and Psychotherapy*: Theory, Research and Practice, 94(3), 686-703.

Funding: This project (NIHR132622) is funded by the Efficacy and Mechanism Evaluation (EME) Programme, an MRC and NIHR partnership. The views expressed in this publication are those of the author(s) and not necessarily those of the MRC, NIHR or the Department of Health and Social Care.

Limitations

The majority of the BART sample (*n* = 66; 86.8%) identified as white British, but we know that there is no significant difference in the prevalence of bipolar disorder across ethnic groups (Merikangas et al., 2011).

Further, UK Ethnic Minorities are as likely as their white counterparts to consent to take part in a clinical trial when they are invited and given the same information and opportunity (Langford et al., 2014).

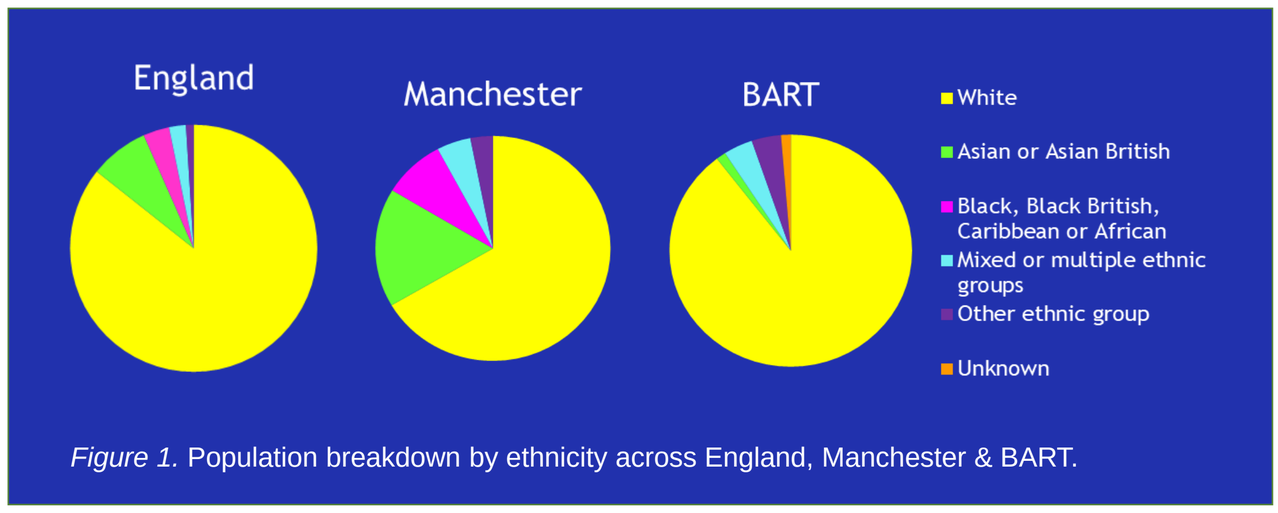

Figure 1. Population breakdown by ethnicity across England, Manchester & BART.

What is BART II & how do we make it more inclusive?

We have been granted NIHR funding to conduct the BART trial again across 5 sites around England (Manchester, Lancashire, Sheffield, Birmingham, and Norfolk & Suffolk).

We also have additional funding to prioritise inclusivity in BART II. We want to reach out to UK Ethnic Minority people to improve their access to mental health services and clinical research trials.

We aim to embrace an outreach approach to recruitment by

- prioritising community engagement
- providing accessible information
- working flexibly to address barriers to participation
- coproduce materials with service users.

Follow us on our journey:

Scan the QR code to join our BART II mailing list:

Twitter: @BipolarAtRisk

Acknowledgements

Thank you to our BART II co-applicants: Heather Law, Rebekah Carney, Wendy Jones, David Shiers, Anton Strong, Steve Jones, Richard Bentall, Matthew Broome, Timothy Clarke, Jonathon Wilson, Sarah Peters, Chris Sutton, Gemma Shields, Catherine Hewitt, and Jude Watson.

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