

PhD Studentship

Illness and Treatment Perceptions in Bipolar Disorder

Closing date: Monday 5th June 2017 (9am)

Interview date: Wednesday 28th or Thursday 29th June 2017

Supervisory team

Director of Studies:

[Professor Eleanor Bradley](#), Professor of Health Psychology, Institute of Health & Society, University of Worcester

Supervisors:

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The Project

Applications are invited for a fully-funded full-time PhD studentship exploring illness and treatment perceptions in bipolar disorder.

Summary

Bipolar disorder (BD) is a long-term, serious condition. To promote recovery, individuals diagnosed with BD benefit from different methods of self-management. There are particular advantages derived from individuals being able to spot early warning signs of recurrence and fully engaging with treatment recommendations. Self-management is a challenge across all long-term conditions, but there are particular challenges in the presence of mood instability. Health psychology theory provides some explanation of the link between perceptions and behaviour, particularly when mediated by coping response. This applied PhD study will explore in detail the development, content and impact of illness and treatment perceptions amongst people diagnosed with bipolar disorder, considering implications for theory and practice.

Background

Bipolar disorder (BD) is characterised by periods of extreme mood, including depression, mania and hypomania and has been highlighted by the World Health Organisation as being one of the sixth most debilitating conditions (Murray and Lopez, 1997 cited in Todd et al, 2012). BD is a long-term condition with no 'typical' illness course and highly variable outcomes; whereas some people may experience long periods of mood stability, others may experience frequent mood changes. There are two main subtypes of BD: bipolar I disorder (BPI) which includes episodes of mania (approx 1% lifetime prevalence); and bipolar II disorder (BPII) which includes episodes of hypomania but not mania in addition to episodes

of depression (approx 4% lifetime prevalence). A diagnosis of schizoaffective disorder – bipolar type is made in the presence of bipolar disorder where there are also schizophrenia-like psychotic symptoms that are present in the absence of a major mood episode (DSM-5, American Psychiatric Association, 2013).

Early identification and treatment of BD leads to an enhanced prognosis. However, many people experience diagnostic delay, with one study suggesting a delay of 6 years between first experiencing symptoms of depression or mood swings and requesting a medical appointment, with an additional 6 years to a diagnosis of either BD or schizoaffective disorder (Berk et al, 2007). Diagnostic classification is also a challenge; those with BPI and BPII are likely to present differently (Borda, 2016) and Berk et al (2007) found that 26.6% of those eventually diagnosed with either BD or schizoaffective disorder had a previous diagnosis. Someone living with a diagnosis of BD ideally needs to be able to learn to identify early warning signs of mood swings and how to manage these for their rest of their lives, so acceptance of the diagnosis may be difficult and take time (Owen and Saunders, 2013).

Medication is the usual treatment for those diagnosed with BD – albeit in combination with other non-pharmacological options, including psychological approaches (e.g CBT), psycho-education (e.g self-management) and complementary therapies (e.g yoga and meditation). People living with BD utilise a wide variety of approaches to support their self-management and combine these in multiple ways (Vargas-Huicochea et al, 2014). Self-management; taking ownership over treatment and increasing control over the impact of the condition (Salyers et al, 2007); is a vital part of the recovery journey (Todd et al, 2012). Self-management is challenging for many people diagnosed with long-term conditions, but is particularly difficult for those diagnosed with BD due to mood instability (Blixen et al, 2016). Recovery is not only about the absence of symptoms, but requires individuals to take responsibility for their own wellness (Tse et al, 2014). Indeed, self-management and building on existing techniques is an important recovery theme for those diagnosed with BD (Todd et al, 2012).

Discontinuation of treatment (partial or total) occurs in approximately 20 – 70% of individuals (Vargas-Huicochea et al, 2014) and on average, 40% of people diagnosed with BD do not adhere to their medicines (Clatworthy et al, 2007). Vargas-Huicochea et al (2014) suggest that the use of medicines over the long-term is one of the most troubling aspects for those diagnosed with BD. Intentional non-adherence is a complex phenomenon which is best understood in terms of the beliefs and expectations influencing patient motivation to begin and persist with treatment (Clatworthy et al, 2007). The high rates of non-adherence amongst those diagnosed with BD and association with poorer clinical outcomes (Sajatovic et al, 2008) suggest this is an important area for further study.

Health psychology theories can help us to understand the links between perceptions and behaviours. The self-regulatory model explains the cognitive processes underpinning peoples' perceptions of health threats – which may be either internally derived (experiences, symptoms) or externally attributed (diagnostic label). People respond to these threats by building a cognitive representation (mental map) which helps them to make sense of the threat then guide their behaviour. These cognitive representations are shaped by 5 attributes: illness identity, timeline, consequences, cause and control which often remain implicit and identified by inference e.g non-adherence (Leventhal et al, 1997).

Research across chronic conditions, including BD, has shown that illness-related behaviours are related to illness representations (Clatworthy et al, 2007). Being interested and informed about the way each individual experiences and interprets their symptoms is central to patient / professional relationships and may be a key factor in relation to clinical outcomes (Vargas-

Huicochea et al, 2014). Indeed, Lobban et al (2013) found that beliefs about mood swings played an important role in clinical outcome (time to relapse and severity of depression over time). Important constituents of these beliefs included perceptions about severity of consequence, illness identity and locus of control.

The relationship between beliefs and outcome can be mediated by coping response – with further research recommended to look at perceptions of personal control in addition to the content and complexity of illness beliefs (Lobban et al, 2013). Personal control may be of particular interest as research conducted with participants diagnosed with schizophrenia-spectrum disorders and BD found they were more likely to appraise greater external locus of control in relation to their physical health than those diagnosed with other mental health difficulties (Buhagiar et al, 2011).

This PhD will provide an opportunity for further investigation into the development, content and impact of illness and treatment perceptions amongst people diagnosed with bipolar disorder.

Objectives for the study will include:-

- Development of a detailed outline of the common-sense models employed by people diagnosed with bipolar disorder to understand their illness and treatment experiences. The framework of self-regulatory theory (SRT) will be utilised to interpret how different stages of the care across the care pathway, including diagnostic experiences / delay, have informed both illness and treatment perceptions.
- To highlight then interpret any variation between the perceptions of illness and treatment amongst those diagnosed with different subtypes of BD (BPI, BPII, schizoaffective disorder) or those with a specific clinical course (such as rapid cycling or postpartum only episodes) to highlight key barriers to treatment adherence and guide the development of person-centred approaches.
- To explore how illness perceptions shape decisions about help-seeking and treatment, including relationships with behaviours (including adherence to medication) and the role of personal control (external or internal).

Methodology

The successful PhD candidate will be responsible for formulating the detail of this proposal. It is anticipated that the study will utilise a mixed-methods approach. Quantitative data will be gathered to further describe the population of interest. The PhD student will be able to work with the Bipolar Disorder Research Network (BDRN.org) at the University of Worcester to access a large and well-characterised sample of research participants who have BD. For example, information about illness perceptions and locus of control could be measured. Questionnaire measures are not yet confirmed, but could include the Brief Illness Perception Questionnaire – adapted for BD (Lobban et al, 2013) and Locus of Control scale (Rotter, 1966). This data will be used alongside demographic and clinical information to purposively sample the participants for the qualitative phase of the study.

The qualitative study will be conducted using a constructivist grounded theory methodology, consisting of semi-structured interviews with participants from each diagnostic group. Topics will be highlighted from phase 1 of the study, but the interviews will remain participant-led and data-driven. Data collection will continue until the data is considered to be saturated.

References

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The University of Worcester

Research at the University of Worcester has grown significantly over the last 10 years. This growth is most clearly shown in the outcomes of the Research Excellence Framework (REF 2014). Worcester was the most improved University in the UK based on Research Fortnight's "Research Power" measure, reflecting a more than four-fold increase in the number of staff submitted compared to RAE 2008 and a commensurate increase in the quality of the research. As a consequence of its REF 2014 submission, Worcester's QR income for 2015-16 is up by 341% from 2014-15.

The University is committed to further developing its research profile in the coming period, through a strategic approach to its support for and investment in research. As part of this investment it is funding a number of full-time PhD studentships in its areas of particular research strength.

Institute of Health & Society

The [Institute of Health & Society](#) brings together academics and researchers from across a wide range of disciplines but with a shared focus of enhancing the health and well-being of society through its education and research. Its transformational research seeks to address some of the major issues within health professions, local services, community and beyond. By pulling together academics working across disciplines to tackle important, social, scientific and environmental challenges, this research is having an impact on people's lives and helping to expand the institute's base of world-leading research. Areas of particular research strength are: Mental Health, Dementia Studies, Domestic Violence and Abuse, and Palliative Care. The Mood Disorders Research Group is a core component of the University's mental health research.

Research School

The Research School is a focal point for all our research students. It provides:

- day-to-day support for our students, both administrative and practical, through our dedicated team
- a Research Student Study Space with both PCs and laptop docking station
- a comprehensive Researcher Development Programme for students and their supervisors
- a programme of student-led conferences and seminars

Details of the studentship

During the period of your studentship you will receive the following:

- a tax free bursary of £13,863 for a period of 3 years
- a fee-waiver for 4 years
- a laptop
- use of the Research Student Study Space in Research School
- access to the Research Student Support Scheme to cover costs and expenses related to your research

You will be expected to play an active role in the life of both the Research School and of the Institute of Health and Society. You will be given opportunities to gain experience in learning and teaching within the Institute under the guidance of your Director of Studies.

Qualifications needed

Essential:

Applicants should have or be able to evidence:

- A First or Upper Second (2.1) Honours Degree, or expect to receive one by October 2017;
- A sound understanding of, and interest in health psychology;
- A clear interest in mental health research;
- Experience of relevant research methods and skills;
- Ability to contribute to research study design;
- Means of travelling independently to conduct research interviews with research participants in their own homes. Research participants live throughout the UK;
- Computer literacy;
- Proficiency in oral and written English;
- Ability to organise and meet deadlines;
- Good interpersonal skills;
- Ability to work independently and contribute to a team;
- Commitment and an enthusiastic approach to completing a higher research degree;

Desirable:

- Education to Masters Degree level in a relevant area.

As part of its mission statement the University is committed to widening participation for its higher degrees. Although most candidates will have an undergraduate and/or a Masters degree, the University is happy to accept applications from candidates with relevant professional qualifications and work related experience

The Interview

The interview will provisionally be held on either the 28th or 29th June 2017. All successful applicants will be interviewed. You will be asked to make a short presentation on a topic related to the study. You will also be asked to provide an example of your written work (e.g. a dissertation) ahead of the interview.

For further information or an informal discussion on this project, please contact Professor Eleanor Bradley (Director of Studies) via email at e.bradley@worc.ac.uk

Application forms are available at:

<http://www.worcester.ac.uk/researchstudentships>

Completed application forms should be sent by email to: research@worc.ac.uk or sent via post to: Research School, Jenny Lind Building, Henwick Grove, St Johns, Worcester, WR2 6AJ