

A REVIEW STUDY ON ONLINE PSYCHO-EDUCATION FOR THE BIPOLAR DISORDER PATIENT AND THEIR CAREGIVERS

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Abstract

Purpose: Identify some recent research on the use of online-based psychoeducation intervention for people with bipolar disorders and online education for their family. The process of searching uses keywords: mHealth, eHealth, a smartphone application, web-based, relatives, caregiver, psychoeducation, and bipolar disorders

Methodology: 60 articles discuss bipolar disorder, only 10 articles are suitable for the inclusion criteria. The various program was created to deal with bipolar disorder problems for both patients and their families. Online psychoeducation is effective for people with bipolar disorder to overcome barriers in the management of direct intervention. Reporting complaints, symptoms and often uncontrolled feelings can be done immediately by using the program.

Main Findings: Online psychoeducation is effective for people with bipolar disorder to overcome barriers in the management of direct intervention. Online psychoeducation can also save costs and facilitate access and services to obtain information that is needed by patients and their families. Reporting complaints, symptoms and often uncontrolled feelings can be done immediately by using the program. For the families, online intervention is very effective because of the availability of information are felt to be very effective of information on how to handle people bipolar disorder as well as details about self-control management for themselves.

Applications: Online psychoeducation should continue to develop not only for the patient but also for primary family caregivers. This article collects, analyze and confirm the requirement of online psychoeducation.

Novelty: Author did this study by reviewing published literature. This kind of analysis is first time done by the author for the suitability of online psychoeducation for bipolar disorder patients and their family.

Keywords: online psychoeducation, online education, bipolar disorder

INTRODUCTION

Mental illness and substance abuse are significantly increased and contribute substantially to the burden of disease globally, especially in developing countries. Cost savings in the implementation of interventions are available for some mental disorders. For this desired intervention to materialize, it needs human resources and solid financing. Bipolar disorder is a feeling disorder associated with symptoms of extreme changes in feelings, disabilities and even strongly related to the risk of suicide. The nearest person of the patient, whether family members or friends play an essential role in support of a person with bipolar disorder. Families that have members with bipolar disorder often experience depression or other health problems resulting from an increased burden of caring for family members with bipolar disorder (Berk et al., 2013). Management mechanism for a patient with bipolar disorder should be continually developed to improve the ability to cope with of the patient.

LITERATURE REVIEW

Psychoeducation is a nursing therapy that emphasizes the provision of education to family members who have family members with bipolar disorder. The education given to family members is about mental illness and equip them with the ability to deal with disorder disorders effectively. Psychoeducation in families with family members with bipolar disorder has a very beneficial effect. Interventions provided increase family knowledge about illness suffered by family members, reduce family burden and reduce family stress levels in caring for patients. The provision of psioedukasi to the family even though it has not directly given to patients, the results show that the recurrence process in the patient is slower and the intensity of the hospital admission has decreased. In addition, family members who follow psychoeducation routinely can significantly recognize the signs and symptoms of the danger of the emergence of hypomanic and manic recurrence even though the patient does not report the matter to the family concerned (Kolostoumpis et al., 2015). Psychoeducation is a nursing therapy that emphasizes the provision of education to family members who have family members with bipolar disorder. The education given to family members is about mental illness and equip them with the ability to deal with disorder disorders effectively. Psychoeducation in families with family members with bipolar disorder has a very beneficial effect. Interventions provided increase family knowledge about illness suffered by family members, reduce family burden and reduce family stress levels in caring for patients. The provision of psychoeducation to the family even though it has not directly given to patients, the results show that the recurrence process in the patient is slower and the intensity of the hospital admission has decreased. In addition, family members who follow psychoeducation routinely can significantly recognize the signs and symptoms of the danger of the emergence of hypomanic and manic recurrence even

though the patient does not report the matter to the family concerned ([Kolostoumpis et al., 2015](#)). Online psychoeducation can improve the caregiver's understanding of the conditions of family members, while online intervention greatly allows greater access to mental health care by overcoming barriers to meetings and increasing support for improving the psychological well-being of patients and families ([Ashcroft, Insua-Summerhays, & Schurter, 2016](#)). Online psychoeducation can improve the caregiver's understanding of the conditions of family members, while online intervention greatly allows greater access to mental health care by overcoming barriers to meetings and increasing support for improving the psychological well-being of patients and families ([Ashcroft, Insua-Summerhays, & Schurter, 2016](#)).

Utilization of electronic technology using mobile phones to facilitate patients in providing reporting on how affective symptoms are considered very practical and do not require a lot of money in monitoring the patient's disease activity and identifying early signs of affective symptoms in bipolar disorder patients. The use of electronic media has the potential to improve the quality of life by increasing the empowerment of patients in providing reports on self-monitoring so that the management of bipolar disorder suffered according to the symptoms reported. Therefore, patients with bipolar disorder who are undergoing outpatients using electronic media can reduce the intensity of visits to health workers to report the symptoms they experience ([Faurholt-Jepsen et al., 2013](#)).

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METHODOLOGY

Research methods we identify some recent research on the use of online-based technologies for psychoeducation interventions. The process of searching uses keywords: mHealth, eHealth, a smartphone application, web-based, relatives, caregiver, psychoeducation, and bipolar disorders.

There is 60 article that meets the criteria. The criteria that use in this articles are online psychoeducation for the patient of bipolar disorder and online education for caregivers who have a family member with bipolar disorders.

RESULT

Title	Authors	Design	Study duration	Intervention	Result	Project
Online Psychoeducation For People With Bipolar Disorder						
Effect of adjunctive peer support on perceptions of illness control and understanding in an online psychoeducation program for bipolar disorder.	(Proudfoot et al., 2012)	Randomise Controlled trial	8 weeks	Online resource directory with compare with resource directory only	The level of depression and anxiety decrease. Patient compliance who received support from SI increased compared with those who did not get support	<i>Bipolar Education Program "BEP"</i>
Online psycho-education to the treatment of bipolar disorder: protocol of a randomized controlled trial	(González-Ortega et al., 2016)	Randomize d controlled trial	9 weeks	Nine sessions online psychoeducation focus on patient empowerment using telecare and multichannel communication	Internet-based psychoeducation programs also provide significant benefits both concerning disease prognosis and treatment. Another advantage is to identify patients who need an immediate intervention of therapeutic intervention on a	FI-STAR

					sustainable basis	
Psychoeducation in bipolar disorder with a SIMPL smartphone application: Feasibility, acceptability, and satisfaction	(Hidalgo-Mazzei et al., 2016)	Consecutive sample	12 weeks	Based on group psychoeducation program for BD	This application is very effective as an additional intervention in clinical trials because this application can be obtained data on the type of patient behavior in detail, timely and latest. Prevention and treatment strategies can also be tailored to the patient's situation and contribute to preventing suicide	SIMPL 1.0
Augmenting psychoeducation with a mobile intervention for bipolar disorder	(Depp et al., 2015)	Randomized controlled trial	10 weeks	This application contains short interventions by mobile phone that accurately assess the symptoms of mood disorders in patients	Improve the efficacy of interventions, acceptable and feasible to use, and these brief intervention may decrease depressive symptoms in patients with bipolar disorder	PRISM
Psychoeducation and online mood tracking for the patient with bipolar disorder	(Bilderbeck et al., 2016)	Randomized controlled trial	5 weeks	5 session of psychoeducation and online mood report	This application was developed to manage bipolar disorders intervention through online media	True color platform and FIMM
Developing an online psychoeducation package for bipolar disorder	(Barnes et al., 2011)	Three stages development an online psychoeducation	36 weeks	Eight sessions of intervention	Users want programs to improve bipolar disorder control, reduce stigma and improve family understanding.	Beating Bipolar.
Internet psychoeducation for bipolar affective disorder: Basis for preparation and first experiences	(Latalova et al., 2014)	Multiple methods	12 weeks	A pilot test of 12 modules of the internet E-Program for BAD	12 psychoeducation pilot studies for BAD were successfully established to create comfort and lower the recurrence episodes.	EPROBAD
Online education for the caregiver of people with bipolar disorder						
Protocol for an online randomized controlled trial to evaluate the clinical and cost – effectiveness of a peer-supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit	(Lobban, F et al. 2017)	the online randomized control trial	24 weeks	REACT intervention+ Resource Directory + treatment as usual	Applications have proven to lower costs	REACT

(REACT)						
Evaluation of the acceptability and usefulness of an information website for caregivers of people with bipolar disorder	(Berk et al., 2013)	Mix method	48 weeks	Web-based survey	Most users said that information could improve positive and supportive adaptations	http://www.bipolarcaregivers.org
Next generation of self-management education: Web-based bipolar disorder program	(Proudfoot et al., 2007)	Randomized controlled trial	24 weeks	Free web-based education program describes the nine-module program.	The user dominant is female. 76% of visitors complete the session thoroughly.	http://www.blackdoginstitute.org.au/bipolar/bep/index.cfm

Online Psychoeducation For People With Bipolar Disorder

Research conducted on the bipolar disorder patients based online audio-visual form of psychoeducation intervention program called "Bipolar Education Program" which in short BEP. Intervention through this application consists of eight sessions developed by the researchers themselves. Some topics available in the application include bipolar disorder, diagnosis, omega-3 for patients, treatment, psychological management and the importance of social support. The topics contained in this program are suitable for all users and can be used on an ongoing basis. In addition, users are also required to complete an activity schedule to monitor behavior change during the intervention. This activity is conducted for eight weeks by completing one behavioral module each week. In this study there are two intervention groups in which the first group will be given a BEP intervention and the second group is given BEP intervention plus "Informed Supported" (SI), which is a bipolar disorder patient who has successfully controlled mood over the past two years. The result showed that in both intervention groups, there was no significant difference after the intervention on perception and stigmatization control. But at the level of depression and anxiety, there is a decline. Patient compliance who received support from SI increased compared with those who did not get support([Proudfoot et al., 2012](#)).

Other studies have also been conducted to provide temporary psychoeducation interventions for patients with the post-hospitalized bipolar disorder called "Personalized Real-Time Intervention for Stabilizing Mood (PRISM)." This application contains short interventions by mobile phone that specifically assess the symptoms of mood disorders in patients. The results obtained from this study indicate the high enthusiasm of users in managing the problems experienced and access to applications that often report the symptoms of mania they experience. It also found improvement in symptoms of depression severity during intervention through this application. In the end, the PRISM application can improve the efficacy of the interventions, is acceptable and feasible to use and this short intervention may decrease depressive symptoms in patients with bipolar disorder ([Depp et al., 2015](#)).

Further research on psychoeducation consisting of 5 sessions was performed on bipolar disorder patients divided into two groups: groups of patients receiving intervention in the form of Facilitated Integrated Mood Management (FIMM) with intervention group in the form of Manual Integrated Mood Management (MIMM) which was done independently by the patient, through daily online reporting of manic symptoms in the "True Color Platform" application the results show that psychoeducation increases knowledge in both groups. Based on the findings in the group receiving the intervention independently, this application was developed to manage bipolar ganggaun intervention through online media ([Bilderbeck et al., 2016](#)).

Online psycho-education research on people with bipolar disorder that is a European project called "The Future of Internet Social and Technological Alignment Research (FI-STAR)" to compare psychoeducation interventions using internet technology with the usual psychoeducation intervention. The results obtained from this study prove that the use of applications helps improve the ability of patients in regulating and controlling the illness and assisting health workers in developing the provision of care, especially providing clinical feedback. Internet-based psychoeducation programs also provide significant benefits both regarding disease prognosis and treatment. Another advantage is to identify patients who need the immediate intervention of therapeutic interventions on a sustainable basis ([González-Ortega et al., 2016](#)).

Psychoeducation therapy was also administered using a mobile phone application called "SIMPLE 1.0" to perform psychoeducation interventions and evaluate the patient's liver response with the post-hospital bipolar disorder. The use of the form is done independently by patients to report their mood by filling out a screening test using an image consisting of 5 daily report items, i.e., medication adherence, irritability, mood, energy and sleep time. The results show that this application is very effective as an additional intervention in clinical trials because this application can be obtained data on the type of patient behavior in detail, timely and latest. Prevention and treatment strategies can also be tailored to the patient's situation and contribute to preventing suicide ([Hidalgo-Mazzei et al., 2016](#)).

Online education for the caregiver of people with bipolar disorder

A web-based education program developed to facilitate patients, families, companions and health workers to find necessary information about bipolar disorder based on evidence-based. Assessment of this expanded program is done at reports from web service users per month. There are 9 modules used in this program. The result is more than 8000 program users visited the page in the first 6 months. Users of the program are the people in general, sold from health workers, family or friends and patients bipolar disorder itself. 76% followed the session to completion with the prevalence of dominant female

Other studies used a qualitative and quantitative method of association to see the effectiveness of online information sharing through pages against family members caring for people with bipolar disorder significantly increased family knowledge about bipolar disorder. This service is helpful to control their feelings strongly over the situation experienced by controlling the limits of themselves with the role of family members they care about and feel support for it. The available information supports the family in playing an informal role in regulating their health which positively provides excellent benefits in caring for family members with bipolar disorder and maintaining the relationship between the two (Berk et al., 2013).

Research for trials of on-giving interventions to family members caring for patients with bipolar disorder to see the effectiveness of interventions on cost, peer support, and self-control. Users will connect to pages from apps named REACT "Relatives Education and Coping Toolkit." In this program, there is a variety of information needed by families who are taking care of members with bipolar disorder. There is also a wide variety of videotapes of families treating bipolar disorder patients accessible here, with substitute acts to maintain the confidentiality of participants who wish to share their experiences. There is a "Meet the Team" page provided to view the person delivering the content of the page's content; there is a secret storage space for storing confidential information that program users can access whenever they want. The results of this study have generally obtained both cost-effectiveness and clinical assessment received support from the National Institute of Health and Care Excellence and deserved to be provided to support families caring for patients with bipolar disorder (Lobban et al., 2017).

DISCUSSIONS

Various studies of online intervention in patients and families with bipolar disorder provide many benefits to the field of mental health science in helping to handle the problems of clients and families. Reporting complaints and symptoms and often uncontrolled feelings can be done immediately using the program. So that handling of complaints reported by health workers can also be promptly given. Because of the ease of use and the rapid processing and education provided in the program, there is generally an improvement in the condition both regarding feelings, depression, and maniacs experienced by bipolar disorder patients. In the family especially the benefits of online intervention are felt to be very useful because of the availability of information on how to handle in treating patients bipolar disorder as well as details about self-control management for themselves. Increased family understanding of extended treatment will have an impact on improved care provided to sick family members.

The variety of ways and content available in the application program was created to facilitate intervention for bipolar disorder patients from time to time more sophisticated and more educative. Starting from a straightforward application of reporting only to applications that contain video and management terhehap symptoms experienced by patients and families. Economically, online interventions can also save energy, time and cost both from patients, families and health workers. The ease offered by online programs in addition to helping patients, families and health workers. Online intervention as a whole does not necessarily replace direct interventions with health providers in the handling of specific patient problems. Finally, an online psychoeducation intervention program is highly recommended considering the many benefits and positive effects good not only for the patient but also an online intervention for families who are caring for family members with bipolar disorder.

CONCLUSIONS

Online psychoeducation should be developed not only for patients but also for the family members that are caring for the patients or especially for primary family caregivers. Primary family caregivers as a support system for patients often experience the burden and stress of caring for a sick family. So, they should get a mental health intervention when they care about their family members.

LIMITATIONS

The author makes an article to see the online program for online psychoeducation for bipolar disorder and online education for their caregivers. Future studies should focus on online psychoeducation for family or focus on online psychoeducation for the patient.

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