
Perspectives on manic depression: a survey of the Manic Depression Fellowship

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The Manic Depression Fellowship (MDF) began in 1983. It differs from the National Schizophrenia Fellowship, which was established several years earlier, in that the ratio of sufferers to carers in its membership is much higher. It claims to be the largest user-led mental health organisation in Britain, with around 4500 members. It exists to support and provide information to sufferers and carers, to educate the public about manic-depressive disorder, and to foster research into new treatments.

Organisations like the MDF offer research opportunities that should not be missed, but must be treated with caution. After all, the MDF probably includes around 2% of all sufferers from bipolar disorder in Britain, and these are self-selected. The research in this report was based on a postal questionnaire assessment of 1514 sufferers and 1113 carers, who were assessed and analysed separately. The self-selected nature of both sufferers and carers is reflected in their high social class and level of educational attainment relative to the general population – it is now generally accepted that the social distribution of bipolar disorder shows little consistent association with class.

Sufferers were asked a wide range of clinical and social questions, together with an assessment of quality of life. The questions asked of carers focused on quality of life and their experience and perception of services. In total, 54% of the membership of the MDF returned questionnaires. While this response rate is very good for this sort of survey, it remains low enough to raise serious doubts about the representativeness of the sample. Nevertheless, the results are interesting.

The most salient result for sufferers is their very high rate of suicide attempts: 47% had made at least one attempt in the course of their illness. It is known that the probability of suicide is greatly

raised in bipolar disorder, but it is chilling to note that this arises from such a large pool of failed attempts. The severe impact of this disorder on sufferers' lives is also clear, with high divorce and unemployment rates: only 31% were currently employed. While their experiences and perception of services were not disastrous, it certainly left considerable room for improvement. Interestingly, self-management was found to be helpful by a majority of sufferers. In many instances the illness had a negative effect on family and social life, but there was a sizeable minority of sufferers and carers who felt it improved relationships. On average there was an 18-month delay between the onset of illness and seeking help, but this was longer than five years in over a quarter of respondents.

In contrast to schizophrenia, 60% of carers were partners. Again, carers' experience of services could have been better, and their views of what was helpful were very similar to those of sufferers. The most important requirement they had of services was 24-hour availability. The impact of the illness on carers as a group was considerable, but understandably less than for sufferers.

The results led the authors of the report to make a number of recommendations among which were encouragement of sufferers to seek treatment early, increased knowledge of affective disorders in primary care, increased awareness of suicide risks, specific packages of support for carers, and ready access to services at times of relapse. It would be hard to quibble with these.

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