Introduction

The progress and recovery of a patient with bipolar disorder during hospitalization is differently objectified by professionals working at an admission ward than by relatives of the patient. Professionals often indicate that the situation of the patient is improving while relatives notice little improvement. This can be caused by a difference in perspective. The relatives’ perspective is the patient in a euthymic mood state where the professionals’ perspective is the patient during an acute episode of mania or depression. For this reason, a project was started regarding the development and evaluation of a film intervention ‘show yourself’.

Aims

The project aims to develop and evaluate an intervention where patients, preferably with the help of a relative, record a film to show their ‘being’ in a euthymic mood state. When the patient is hospitalized this film can be shown to the professionals (nurses and psychiatrists) at the admission ward, so they can see how the patients act and behaves when he/she is in a euthymic mood state.

Method

Early 2016 a panel of patients, relatives and professionals (from an admission ward and from an ambulatory centre for bipolar disorder) was formed to discuss the preferable content of the film and the way to use this material in clinical practise.

Results

Location: All participants stated that it was important to record the film in the patients’ home. The professionals mentioned that this could give them valuable information about how the patient acts and interacts in his/her own environment. Patients told us that their home was the best place to make the movie because they feel at ease and they hope the professional can get a good impression about them.

Content: All participants agreed upon one thing. It is the patient only who can decide what will be filmed. The patient is in charge and is the director of the film. The film would take about 10 minutes. Before the film is recorded the patient is supported to write a script.

Patients want to show their daily structure and routines. They want to talk about their hobbies and things that are important to them. They want to talk about their work and how they spend their leisure time. Patients want to tell what is important to them in case they are admitted.

Professionals want to see how the patient interacts with others and want to see a glimpse of the patients’ personal life and character. They want the patient to talk about their hobbies, the way they spend their day, their daily routines and their important values.

Use of the film: the patient gets a USB stick with the film on it. Most patients prefer that the film will be stored in their electronic patient record too, so that it is available for the professional at any time. In the crisis plan of the patient it needs to be mentioned that a film is available. Some patients wants their family member to hand over the USB stick to the professional in case of admission.

Next step in the project

Twenty films were recorded early 2017 and an explorative, descriptive qualitative study is ongoing to examine the experiences of patients with recording the film. The results of this study can contribute to the assessment of the feasibility of the intervention.