Protocol

Bipolar Disorder Literacy: Protocol for a Scoping Review of Assessment Tools and Reported Literacy Levels

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Abstract

Background: Bipolar disorder (BD) is a chronic and severe mental illness associated with substantial functional impairment, elevated suicide risk, and frequent diagnostic delays. Limited awareness and misconceptions about BD among the general public, caregivers, and health professionals contribute to underrecognition and misdiagnosis. Although mental health literacy is known to facilitate early recognition and appropriate help-seeking, BD-specific literacy and its measurement remain poorly understood. No synthesis currently exists of instruments used to assess BD literacy, or of reported literacy levels across populations.

Objective: This scoping review aims to (1) identify and map instruments used to measure BD literacy across different populations and contexts and (2) synthesize reported levels of BD literacy as assessed by these instruments.

Methods: This scoping review will follow the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) guidelines. We will search MEDLINE, Embase, PsycINFO, and CINAHL for peer-reviewed primary studies. Included studies will report on tools measuring one or more components of BD literacy across populations and settings. Two independent reviewers will screen studies and extract data using a standardized charting form developed in accordance with the population, concept, and context framework and the review objectives. Findings will be synthesized descriptively and organized by population group.

Results: The review was registered with the Open Science Framework (digital object identifier: 10.17605/OSF.IO/9E3MF). The literature search and study selection process were completed in July 2026, resulting in the inclusion of 111 studies. Data charting and evidence synthesis were completed in September 2026. Preparation of the completed scoping review manuscript is expected to be finalized by December 2026. Findings from the evidence synthesis are not presented in this protocol.

Conclusions: This review will be the first to comprehensively map BD literacy instruments and synthesize evidence on measured literacy levels. The findings will inform instrument selection; highlight gaps in assessment and knowledge; and guide future research, validation efforts, and targeted educational interventions.

Trial Registration: Open Science Framework 9E3MF; https://osf.io/9e3mf/overview

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Keywords: bipolar disorder; measurement instruments; mental health literacy; bipolar disorder literacy; health literacy; psychometrics; scoping review

Introduction

Background

Bipolar disorder (BD) is a chronic mood disorder characterized by recurrent episodes of depression and mania and hypomania and is associated with substantial functional impairment, elevated suicide risk, and high levels of disability, particularly among young people [1-3]. Despite its considerable public health burden, delays in the diagnosis and initiation of appropriate treatment remain common and are associated with poorer clinical outcomes, increased symptom chronicity, and greater psychosocial difficulties [4]. These delays have been attributed to a combination of illness-related factors, misinterpretation of early symptoms, and systemic barriers within mental health care delivery, often resulting in prolonged periods without appropriate or targeted intervention [5-8].

Recent public health analyses have identified persistent underrecognition of BD as a key contributor to diagnostic delay, highlighting the role of limited awareness and knowledge of the disorder across clinical and community settings [9]. Difficulties in recognizing manic and hypomanic symptoms, misconceptions about etiology and prognosis, and limited understanding of available treatments reduce the likelihood of timely help seeking and appropriate referral [10-12]. This lack of recognition is clinically significant as early identification and timely intervention are consistently associated with improved outcomes across both clinical and functional domains [8]. Consequently, improving mental health literacy (MHL) [13], the knowledge and beliefs about mental health disorders that facilitate their recognition, management, or prevention by individuals, has been increasingly emphasized as a potential strategy to reduce diagnostic delay and strengthen care pathways for individuals with BD [9].

Contemporary frameworks conceptualize MHL as a broad public health construct that extends beyond symptom recognition to include knowledge, skills, and attitudes relevant to stigma reduction, help seeking, and engagement with mental health services [14]. Supporting this framework, similarly to recognition of mental illness, there is evidence suggesting that greater knowledge of mental illness also has a positive correlation with help-seeking attitudes, intentions, and behaviors [15]. Skills such as coping strategies and self-compassion have been found to increase help-seeking intentions as well [16]. Stigmatizing attitudes have been identified as a key barrier to help seeking, with studies suggesting that stigma negatively influences the ability to recognize an experienced mental illness and impairs self-worth and willingness to seek treatment [17]. Within this framework, disorder-specific literacy for BD, referred to here as "BD literacy," represents an important but comparatively underexplored area of research that could greatly increase help seeking and reduce diagnostic delays.

Empirical evidence indicates that misconceptions about BD are pervasive among both health professionals and the general public, particularly with respect to the recognition of manic and hypomanic symptoms, episodic mood cycling, and the long-term course and treatability of the disorder [18,19]. Clinical syntheses and large-scale reviews consistently show that BD is frequently misdiagnosed as unipolar depression, largely because hypomanic and mixed states are often unrecognized and depressive symptoms commonly dominate early clinical presentations [20,21]. This pattern contributes to diagnostic delays of 6 to 9 years and is associated with poorer clinical outcomes [20,21]. Despite this evidence, the chronic nature of BD remains insufficiently recognized in both clinical practice and public discourse [22,23].

Population-based studies from several countries (eg, Germany, France, the United Kingdom, and Saudi Arabia) show that public beliefs about BD are often based on erroneous assumptions rather than accurate knowledge, with widespread reliance on media sources that perpetuate stigma and misinformation [18,19,24-26]. This lack of awareness and understanding of BD symptoms, particularly for manic and hypomanic symptoms, is likely the reason for the underdiagnosis of BD, with almost 40% of BD cases found to be initially misdiagnosed as depression [27]. This misdiagnosis often has negative consequences as monotherapy antidepressants are often provided without mood stabilizers and can result in increased suicide attempts and higher rates of hospitalization [27].

These knowledge gaps extend beyond the general public to individuals who are closely involved in supporting people with BD. Caregivers of individuals with BD generally have low to moderate levels of knowledge prior to psychoeducation, with significant gaps that contribute to caregiver burden and psychological distress [28]. As large improvements in BD self-efficacy and reductions in burden following psychoeducational interventions for caregivers have been observed, likely due to better ability to cope with caregiver difficulties, this indicates substantial unmet informational needs at baseline for this population [28]. Taken together, the evidence indicates substantial deficits in BD-related knowledge and awareness across multiple stakeholder groups and underscores the need for a systematic examination of BD literacy.

The assessment of BD literacy depends on the availability of appropriate measurement instruments [29,30]. While similar studies have been conducted to better understand literacy assessment instruments for other medical conditions such as depression [31] and diabetes [32], the tools used to assess BD literacy have not been systematically examined [29]. Existing studies have used a range of quantitative tools to assess BD-related knowledge and awareness, differing in conceptual focus, content domains, format, and target populations [33]. Some instruments focus primarily on symptom recognition or factual knowledge [24,34-39], whereas others incorporate attitudes, beliefs, stigma, or help-seeking intentions [26,40-44]. However, the extent to which these instruments are theoretically grounded, psychometrically evaluated, or comparable across studies remains unclear, and no comprehensive synthesis has mapped the instruments currently used to assess BD literacy. In addition, no review has comprehensively synthesized evidence on BD

literacy levels across different populations to date. Better understanding of what beliefs or information individuals have about BD could help knowledge-based interventions focus on educating participants on important but less well-known aspects of BD.

Scoping reviews are suited to mapping evidence in fields characterized by conceptual and methodological heterogeneity [45,46]. This approach is appropriate because research on BD literacy is fragmented, with wide variation in study focus, populations, methods, and measurement tools. No synthesis currently exists of either BD literacy levels or the instruments used to assess them. Thus, a scoping review provides an appropriate framework to map existing evidence and identify gaps for future research.

This scoping review has two primary objectives. The first is to identify and map instruments used to assess BD literacy by summarizing their key characteristics, including conceptual focus, content domains, format, target populations, and reported psychometric properties. This mapping will be used to identify gaps in BD literacy measurement and areas requiring further instrument development or validation. The second objective is to synthesize existing evidence on levels of BD literacy as measured using the instruments identified in the first objective across different population groups, including the general public, individuals with BD, caregivers of individuals with BD, and health professionals, and identify gaps in the literature where BD literacy has not been assessed or remains underexamined.

Review Question

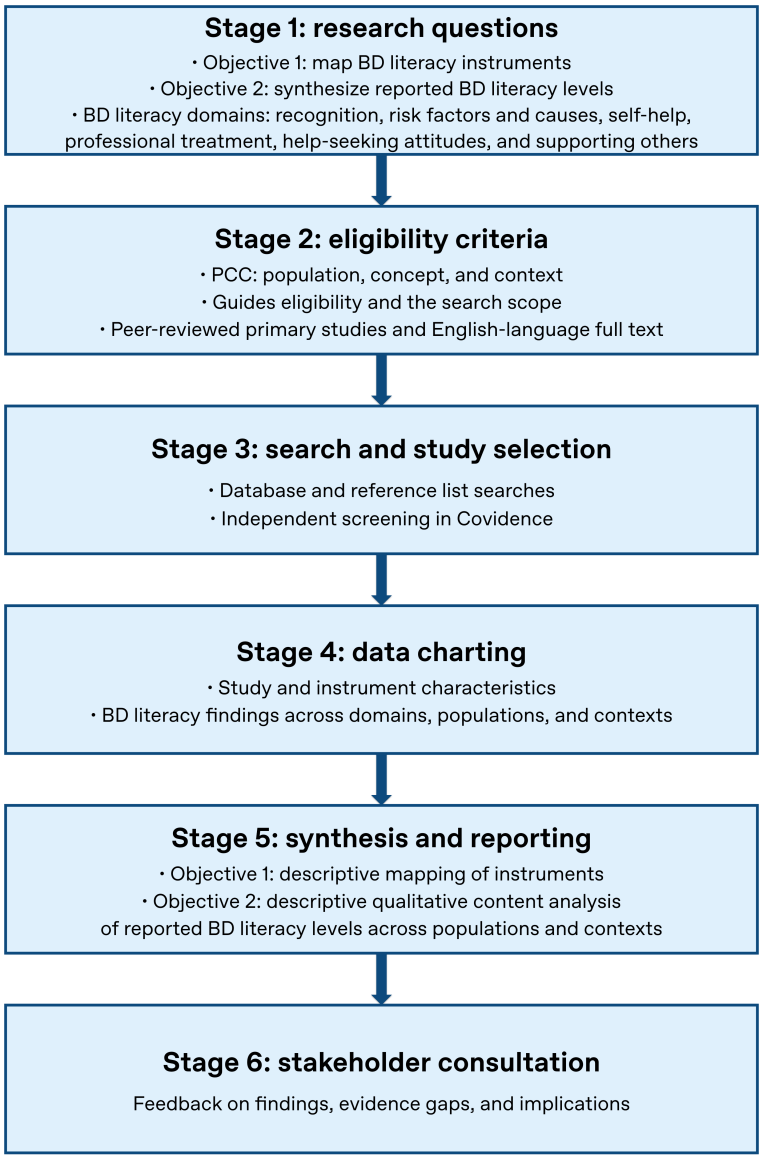
Through this scoping review, we aim to address the following questions: (1) what instruments have been used to measure BD literacy across different populations and contexts? (2) What levels of BD literacy have been reported across different populations and contexts?

Methods

Overview

This scoping review will follow the framework proposed by Arksey and O'Malley [47], with incorporated recommendations from Levac and colleagues [48]. As such, we will follow the six stages as described by Arksey and O'Malley [47]: (1) identifying the research question; (2) identifying relevant studies; (3) developing the search strategy and study selection; (4) charting the data; (5) collating, summarizing, and reporting the results; and (6) consulting with stakeholders (optional). The application of the 6-stage framework in this review is summarized in Figure 1. This protocol will also be conducted in accordance with the Joanna Briggs Institute methodology for scoping reviews (*JBI Manual for Evidence Synthesis*) [49] and adhere to the reporting guidelines in the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) checklist [50]. This protocol has been registered with the Open Science Framework (digital object identifier: 10.17605/OSF.IO/9E3MF).

Figure 1. Application of the 6-stage scoping review framework based on Arksey and O'Malley [47] and refined by Levac et al [48] to the review of BD literacy instruments and reported literacy levels. BD: bipolar disorder.



Stage 1: Identifying the Research Question

In this scooping review protocol, we conceptualize BD literacy using the definition of MHL by Jorm [13] as (1) recognition of BD, (2) knowledge of risk factors and etiological mechanisms of BD, (3) knowledge of self-help strategies for BD, (4) knowledge of available professional treatments for BD, (5) attitudes that promote appropriate help-seeking for BD symptoms, and (6) knowledge of how to support others experiencing BD symptoms [51,52].

This conceptualization informs the 2 research questions presented in the introduction, which address the instruments used to assess BD literacy and the levels of BD literacy reported across populations and contexts.

Stage 2: Identifying Relevant Studies

The eligibility criteria were developed according to the population, concept, and context (PCC) framework [48,53].

Population

Studies involving human participants who completed an instrument or structured measure of BD literacy will be included. Eligible populations include members of the general public, individuals at risk of developing BD, individuals with BD, caregivers or family members of individuals with BD, health professionals, and students or trainees. No restrictions will be applied based on participants' age, sex or gender, race or ethnicity, geographic location, or cultural background.

Concept

Studies will be included if they report levels of BD literacy and/or use and develop, adapt, or evaluate a quantitative instrument or structured measure of BD literacy. Eligible measurement approaches may include questionnaires, scales, surveys, vignette-based measures, knowledge tests, or individual structured items assessing one or more components of BD literacy. These components include recognition of BD, knowledge of its risk factors and causes,

knowledge of self-help strategies and professional treatments, attitudes that facilitate recognition and appropriate help-seeking, and knowledge of how to support someone experiencing symptoms of BD. Mixed methods studies will be eligible when they include a quantitative measure of BD literacy.

Studies will be excluded if they do not assess BD literacy as a study concept or outcome. Studies focusing exclusively on clinical symptoms, diagnosis, screening, or treatment outcomes without assessing BD-related knowledge, recognition, beliefs, attitudes, stigma, help-seeking, or support knowledge will also be excluded.

Context

Studies conducted in clinical, community, educational, and digital or online settings will be eligible. No restrictions will be applied according to country, cultural context, health care system, or service setting. Searches will cover the period from database inception to the final search date. Although no language restrictions will be applied during the database searches, only articles with full text available in English will be included.

Types of Sources

Peer-reviewed primary research using experimental, quasi-experimental, observational, or mixed methods designs will be considered. Reviews, protocols, editorials, commentaries, conference abstracts, dissertations, and other gray literature will be excluded.

Stage 3: Search Strategy and Study Selection

The search strategy for this scoping review will follow the 3-step approach recommended by the Joanna Briggs Institute [48,53].

First, with support from an experienced health sciences librarian from the University of British Columbia, an initial exploratory search was undertaken in Ovid (MEDLINE and Embase) to support the development of the search strategy and identify important MeSH terms and vocabulary that may be necessary to capture all relevant articles. The complete database-specific search strategies are provided in Multimedia Appendix 1.

The results of this preliminary search informed the development of the final comprehensive search strategy, which was developed in the second step of the search process using harvested keywords and indexed terms related to BD as a main focus of the study as well as terms about MHL. This search strategy was translated so that electronic database searches could be conducted in Ovid (MEDLINE and Embase) and EBSCOhost (PsycInfo and CINAHL). The full database-specific search strategies will be reported in the final review to ensure transparency and reproducibility.

The third step is a supplementary search of gray literature; however, due to resource limitations, the review will focus exclusively on peer-reviewed primary research.

The reference lists of all included studies and relevant reviews will be screened to identify any additional eligible publications. All retrieved records will be imported into Covidence (Veritas Health Innovation), a web-based collaboration software platform, for deduplication, title and abstract screening, full-text review, and data extraction. No restrictions will be placed on publication date or language during the search; however, only studies with full text available in English will be included during screening.

Study selection will occur in 2 stages.

First, 2 reviewers will independently screen titles and abstracts against the eligibility criteria based on the PCC framework. This framework will be pilot-tested on a random sample of 25 titles and abstracts, with the team discussing any discrepancies and modifications to the eligibility criteria. Screening will begin when more than 75% agreement is achieved. During this screening stage, articles considered potentially relevant by either reviewer will move on to full-text screening.

Second, the same reviewers will assess the full texts independently to determine final inclusion. Again, prior to this stage of screening, a pilot screening trial on another random sample of 25 studies will be conducted. Studies will qualify if they report the use, development, adaptation, or evaluation of any instrument designed to quantitatively assess BD literacy in human participants. We will only include peer-reviewed primary research articles with the full text available in English. We will systematically record reasons for exclusion at the full-text stage. Articles must be considered relevant by both parties to move on to the data charting stage. Any disagreements between reviewers at any stage will be resolved through discussion or, if needed, by consulting a third reviewer. The study selection process will be shown in a PRISMA-ScR flow diagram.

Stage 4: Charting the Data

Using Covidence, the review team will create a standardized data charting form based on the review objectives and the PCC framework. The preliminary charting fields are shown in Table 1. The form will be piloted on a small number of included studies and refined as necessary to improve consistency and completeness. Two reviewers will independently extract the data, and discrepancies will be resolved through discussion or, when necessary, consultation with a third reviewer.

Quantitative and categorical information will include publication and study characteristics, population characteristics, study context, and characteristics of the instruments used to assess BD literacy. Instrument-related information will include the instrument name, domains assessed, number of items and response format, purpose and method of administration, and any reported measurement properties. These data will address the first review objective and will be summarized using frequencies, percentages, and descriptive tables.

Textual information will include relevant findings reported by the included studies concerning levels of BD literacy and

implications such as identified knowledge gaps or educational needs. These findings will be extracted together with the corresponding study, population, instrument, and BD literacy domain and assessed using basic qualitative content analysis to address the second review objective.

The quantitative and textual information will be linked descriptively using the study identifier, population, instrument, and BD literacy domain. This will allow the textual findings to be presented alongside the characteristics of the studies and the measurement approaches from which they were derived. No statistical pooling or inferential integration will be undertaken.

Table 1. Preliminary charting elements organized using the population, concept, and context framework.

Section	Information to be charted	Data type and purpose
General study information	Title, authors, publication year, publication type, study design, and study aims	Categorical and descriptive information
Population	Population group, demographics, sample size, diagnosis and comorbidities, and inclusion and exclusion criteria	Quantitative and categorical information
Context	Country or region and study setting	Categorical information
BD[a] literacy measurement	Instrument name, BD literacy domains, number of items and response format, reported measurement properties, purpose of instrument use, and administration method and measurement approach	Quantitative and categorical information addressing objective 1
BD literacy findings	Relevant findings concerning reported levels of BD literacy and identified knowledge gaps or educational needs	Textual information addressing objective 2
Descriptive linkage	Corresponding study, population, context, instrument, and BD literacy domain	Links both data streams for descriptive presentation

[a]BD: bipolar disorder.

Stage 5: Collating, Summarizing, and Reporting the Results

The synthesis will follow the 3 steps recommended by Levac et al [48] for stage 5 of the framework by Arksey and O'Malley [47]: analyzing the data, reporting the results, and applying meaning to the findings. Consistent with the purpose of a scoping review, the synthesis will be descriptive and will not involve statistical pooling or in-depth interpretive analysis.

Analyzing the Data

To address the first review objective concerning the instruments used to measure BD literacy, the extracted data will be summarized using frequencies and percentages. We will report the number and proportion of studies using each instrument or measurement approach. For each instrument, we will summarize its name, purpose, target population, format, number of items, response and scoring method, BD literacy domains assessed, and reported evidence of validity and reliability. Instruments will be grouped according to whether they are validated scales, adapted measures, vignette-based measures, knowledge tests, or sets of individual structured items. We will also distinguish between instruments developed specifically to assess BD literacy and broader MHL instruments containing BD-related items.

To address the second review objective, textual findings concerning reported levels of BD literacy will be assessed using basic qualitative content analysis as recommended for the descriptive synthesis of qualitative findings in scoping reviews [54]. Relevant findings will be assigned descriptive codes and grouped according to similarities and differences to form descriptive categories [54,55].

The 6 predefined domains of BD literacy will provide an initial framework for organizing the findings: recognition of BD, knowledge of risk factors and causes, knowledge of self-help strategies, knowledge of professional treatments, help-seeking attitudes, and knowledge of how to support others. Additional categories will be developed inductively when findings do not fit within these predefined domains [56,57]. Where appropriate, the number and percentage of studies reporting findings within each domain or category will be calculated.

Reporting the Results

The results will be reported in relation to the 2 review objectives using descriptive tables, figures, and narrative summaries. For the first objective, tables will present the characteristics of the identified instruments and the populations and contexts in which they have been used. For the second objective, findings will be organized by BD literacy domain and population. Descriptions such as "high," "moderate," or "low" literacy will be reported only when these terms are defined or used by the authors of the original studies.

No statistical pooling will be undertaken because of anticipated heterogeneity in study populations, instruments, scoring approaches, and outcome reporting. Consequently, the review will not estimate an overall level of BD literacy or make direct quantitative comparisons between populations unless these comparisons are reported within the original studies.

Applying Meaning to the Findings

Applying meaning to the findings will be limited to describing the scope and distribution of the available evidence.

The synthesis will identify frequently and infrequently assessed BD literacy domains, commonly used measurement approaches, underrepresented populations, and gaps in the evidence. These findings will be used to inform recommendations for future research and the development or refinement of BD literacy instruments without drawing causal conclusions or interpretations beyond the evidence included in the review.

Stage 6: Consultation With Stakeholders

To enhance the relevance and practical interpretation of the review findings, we will conduct a structured advisory consultation with individuals with lived experience of BD and members of the Collaborative Research Team to Study Psychosocial Issues in Bipolar Disorder (CREST.BD), a Canadian network that promotes collaborative research and knowledge exchange in BD. Advisors with lived experience who have previously worked with the research team and members of the CREST.BD advisory board will be invited via email.

Advisors will receive a plain-language summary of the findings and participate in a facilitated virtual meeting guided by structured questions about the relevance and clarity of the findings, gaps in the literature, and implications for research and practice. Those unable to attend may provide written feedback. The research team will document the recommendations and any resulting changes to the interpretation or discussion. Feedback will be summarized descriptively and will not be treated as an additional source of evidence or used to alter the review results.

The consultees will contribute as advisors rather than research participants. No personal or health information will be collected, and the consultation will not be recorded or analyzed as research data; therefore, research ethics approval is not required for this advisory activity.

Results

The review was registered with the Open Science Framework (digital object identifier: 10.17605/OSF.IO/9E3MF). The database searches, title and abstract screening, and full-text assessment were completed in July 2026, resulting in the inclusion of 111 studies. Data charting and evidence synthesis were completed in September 2026. Preparation of the completed scoping review manuscript is expected to be finalized by December 2026. This protocol does not present findings from the evidence synthesis.

Discussion

This scoping review will investigate two research questions about BD literacy: the first about the instruments used to measure BD literacy and the second about what these instruments found about the levels of BD for a given population or setting. With the first objective, we will identify and map the instruments that have been used to assess BD literacy, characterizing their conceptual and structural features and evaluating the psychometric evidence supporting their use. The second will summarize the findings on the level of BD literacy based on instruments identified in the first objective and compare the findings across different instruments based on population groups and/or the settings they were designed for. By clarifying both how BD literacy has been measured and understood, the study seeks to inform future research, clinical practice, and public health initiatives.

We believe our focus on BD literacy is essential because delays in recognition, diagnosis, and treatment for BD remain a major public health concern [6,8]. Improving understanding of symptoms, the illness course, and treatment options can meaningfully promote earlier help-seeking and reduce these delays [58]. Examining existing BD literacy levels will help clarify where misunderstandings and information gaps are most prominent and what types of information about BD should be promoted more. Mapping existing instruments, which vary widely in conceptual focus, content domains, and psychometric evaluation, will help identify the most useful tools and clarify where further development is needed.

To our knowledge, this will be the first review to synthesize evidence on the measurement instruments specifically focused on BD literacy and the levels of BD literacy assessed by these tools. The findings of this review are expected to guide researchers, clinicians, and educators in selecting appropriate tools for assessment, program evaluation, or intervention studies. Summarizing available psychometric evidence will highlight instruments with stronger methodological support and identify those requiring further testing. Mapping instruments across populations and contexts will also reveal understudied groups, informing priorities for future tool development and refinement. In addition, synthesizing knowledge levels across populations will help identify where targeted educational strategies or public health interventions may be most beneficial.

This review has several limitations. Restricting the search to peer-reviewed articles published in English may exclude relevant instruments available in other languages or in gray literature. In addition, consistent with scoping review methodology, we will not conduct a formal critical appraisal of methodological quality or compare instrument performance [47,48,53]. The focus on quantitative tools may also overlook qualitative insights that could support future instrument development. These limitations reflect necessary methodological boundaries but may influence the comprehensiveness of the evidence base.

Despite these constraints, this review will provide the first consolidated synthesis of both the instruments used to assess BD literacy and their outcomes. By examining existing tools, their conceptual foundations, their psychometric properties, and the extent of public and clinical understanding of BD, the review will establish a foundation for improving measurement practices and educational strategies in this area. Ultimately, enhancing the assessment and understanding of BD literacy may support earlier recognition, reduce delays in diagnosis and treatment, and contribute to better outcomes for individuals affected by BD.

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Generative AI Use

During the preparation of this manuscript, the authors used OpenAI's GPT-5 solely for language editing and improving the clarity of the text. The tool was restricted strictly to language editing; no original text, ideas, data, or citations were generated by the AI. Following the editing process, the authors thoroughly reviewed, edited, and verified all suggested modifications and take full responsibility for the final content of the manuscript.

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Data Availability

This manuscript describes a registered scoping review protocol. Extracted data and related materials will be made publicly available via the Open Science Framework upon completion of the review.

Authors' Contributions

Conceptualization: RM, AS, KK
Supervision: KK
Writing—original draft: RM
Writing—review and editing: AS, KK

Conflicts of Interest

None declared.

Multimedia Appendix 1

Preliminary list of search terms. Searches used database-specific controlled vocabulary (eg, MeSH terms) and keywords, with no date or language limits; only English-language full-text peer-reviewed articles were included at screening.
[DOCX File (Microsoft Word File), 15 KB-Multimedia Appendix 1]

Checklist 1

PRISMA-ScR checklist.
[PDF File (Adobe File), 90 KB-Checklist 1]

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Abbreviations

BD: bipolar disorder
CREST.BD: Collaborative Research Team to Study Psychosocial Issues in Bipolar Disorder
MHL: mental health literacy
PCC: population, concept, and context
PRISMA-ScR: Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews

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