Bipolar Disorder

AN INFORMATION BOOKLET

Dr Emma O'Donoghue & Paula Bendon
Lambeth Promoting Recovery Services
South London and Maudsley NHS Foundation Trust

(Adapted from Understanding Bipolar Disorder, BPS 2010)

CONTENTS

INTRODUCTION

This information booklet is designed for people who are in contact with a mental health professional or team, as well as family and friends who may be supporting them.

It describes some of the experiences and difficulties that are part of a mental health condition called ***Bipolar Disorder****, some possible causes, and some things that may help.

You may have experienced some of these yourself, or recognise them in someone you are close to. You may find that some, or even all, of the experiences are not at all relevant for you.

Although the booklet uses the medical term '***bipolar disorder'***, you may find that you experience some of the symptoms described as part of a different condition, or that you experience some if these symptoms, but do not think a mental health explanation fits them very well.

The information in the booklet is just one way of thinking about bipolar: It is designed to be a starting point for discussions with a mental health professional, to help understand your particular experiences.

****May also be known as 'Manic Depression'***

You can find out more about bipolar disorder by calling Bipolar UK on 020 7931 6480 or visiting their website www.bipolar.org.uk.

If you have not done so already, you may also want to read the information booklet called 'Psychosis', which is designed in the same way as this booklet.

What is bipolar disorder?

The term '***Bipolar Disorder***' is used by mental health professionals to describe a pattern of extreme disruptions in mood, behaviour and thoughts.

Each person's experience of bipolar disorder is unique. Often people have periods where their mood is in one extreme or another:

- One extreme is called ***Depression***, where you may feel low and have other symptoms.

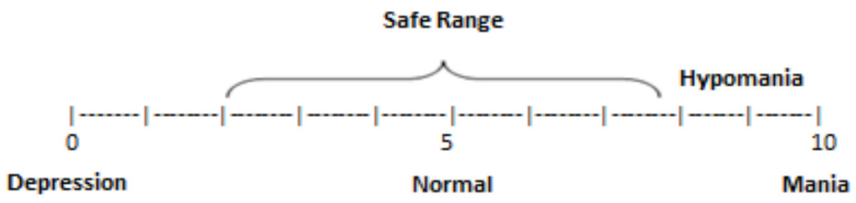
- The other extreme is called ***Mania*** (or ***hypomania*** if symptoms are less severe); where you may feel high or elated, have increased energy and optimism, along with other symptoms.

- Occasionally people may experience ***Psychotic Symptoms*** during manic or depressed episodes.

CONTINUUM OF BIPOLAR

The word '***bipolar'*** refers to the two very different mood states or 'poles': '***Depression***' and '***Mania***'.

It can be helpful to think about bipolar in terms of a continuum with depression at one end and mania at the other, as shown in the image below:



Everyone has fluctuations in mood, but people with mood disorders, like bipolar, will experience more extremes in mood (i.e. towards the 0 or 10 on the scale) and these changes can be distressing and have a major impact on your life.

Between episodes of depression and mania, you may experience periods where you have 'normal mood', which is depicted in the 'safe range' above.

Depending on the way you experience these mood states and how severely they affect you, you may be diagnosed with a particular type of bipolar disorder, which are described on the next page.

Types of bipolar

- **Bipolar I —**You may be diagnosed with Bipolar I if you have had at least or manic episode, which has lasted longer than one week.
  - You may only experience manic episodes, although most people with Bipolar I also have periods of depression.
  - Untreated, a manic episode will generally last 3 to 6 months.
  - Depressive episodes last rather longer - 6 to 12 months without treatment.
- **Bipolar II** —You may be diagnosed with Bipolar II if you have had more than one episode of severe depression, but only mild manic episodes of '***hypomania'***.
  - Typically people with Bipolar II experience significantly more periods of low mood than high mood.
- **Rapid Cycling —** If you have more than four mood swings in a 12 month period.
  - This affects around 1 in 10 people with bipolar disorder, and can happen with both Bipolar I and II.
- **Cyclothymia —** You may be diagnosed with Cyclothymia if you experience both hypomania and depression over 2 years or more; and your symptoms are not severe enough to meet criteria for Bipolar I or Bipolar II.

MANIA

Having a manic episode can sometimes feel fun and exciting, but it can also feel distressing or unpleasant. Here are some things that you may experience in a manic episode:

How you might feel	How you might behave
• Happy, excited, euphoric or increased sense wellbeing • Full of new and exciting ideas • Feeling superior to others (e.g. intellectually, physically or specific talents) • Intense interest in a particular project • Lacking awareness that you are high or unwell • Irritable, restless or short-tempered	• More active than usual • Talking a lot, speaking very quickly • Being very friendly • Saying or doing things that are not appropriate • Sleeping very little or not at all • Acting aggressively • Spending excessively • Socially disinhibited • Misusing drugs or alcohol • Taking serious risks with your safety (e.g. Spending too much money, increased sexual activity, drug or alcohol use)

After a manic episode you might:

- Feel very unhappy or ashamed about how you behaved
- Have made commitments or taken on responsibilities that now feel unmanageable.
- Have only a few memories of what happened, or none at all.

HYPOMANIA

Hypomania is similar to mania, but has a few key differences:

How you might feel	How you might behave
• Happy, excited, euphoric or increased sense wellbeing • Very excited • Increased sexual energy • Easily distracted — like your thoughts are racing, or you can't concentrate • Irritable, restless or short-tempered	• More active than usual • Talking a lot, speaking very quickly • Being very friendly • Sleeping very little • Spending excessively • Socially disinhibited

Compared with mania, hypomanic symptoms are likely to:

- Feel more manageable – for example, you might feel able to go to work and socialise without any major problems (although people might still notice your change in mood) .
- Last for a shorter time.
- Not include any psychotic symptoms.

On the surface this description might make it seem like ***hypomania*** is less serious than ***mania***, but in reality that's often not the case. A hypomanic episode can still have a significant impact on your life and be very difficult to cope with.

Depression

- Periods of depression are characterised by persistent low mood for several weeks. Below is a list of things that you may experience during a depressive episode:

How you might feel	How you might behave
• Low, upset or tearful • Tired or sluggish • Strong emotions (e.g. guilt, for no reason, worthlessness or self-critical thoughts) • Not finding enjoyment in things you previously enjoyed • Low self-esteem or unconfident • Agitated, irritable or tense • Suicidal	• Not doing things that you previously enjoyed • Sleeping very little or not at all • Eating too much or too little • Misusing drugs or alcohol • Avoiding people or isolating yourself • Being less active than usual • Self-harming or suicidal

- Many people find that a ***depressive*** episode can feel harder to deal with than ***manic*** or ***hypomanic*** episodes. The contrast between your high and low moods can make the depression seem worse.
- It is important to differentiate ***depression*** from every day mood fluctuations, feeling tired and the indecision that we can all feel.
- ***Mood fluctuations*** in bipolar are extreme, and persist over a significant period of time, usually a couple of weeks.

UNUSUAL EXPERIENCES

- Some people may experience ***Psychotic Symptoms*** during periods of depression or mania. Typical psychotic symptoms include ***hallucinations*** and ***delusions***.

- ***Hallucinations*** refer to ***hearing voices*** that other people can't hear and seeing, smelling or feeling things that others do not.
    - Hearing voices (Auditory Hallucinations) are the most common hallucination. Auditory hallucinations may present as just one voice or several voices, the voices may be constant or may come and go. Sometimes the voice may make sense and other times they can be confusing. Some individuals find the voices distressing and others can happily live with the voices.

- ***Delusions*** are strongly held beliefs about something when in fact there is no clear evidence to support this belief. However, to the person having this belief, it seems to be real and true.
    - People may feel special in some way, for example that they have special powers.
    - People may also feel that other people are out to get them or may harm them.

- Both delusions and hallucinations can cause ***disturbances in thinking***. Difficulties in the way a person thinks is a common symptom of bipolar. A person may experience too many thoughts that make it hard to concentrate or to communicate clearly to other people.

Mixed episodes

- Some people experience so called **'*Mixed Episodes*' or 'M*ixed States*'**, during which they experience some of the aspects of ***mania*** (e.g. excitement and a rush of new and exciting ideas) with some of the aspects of ***depression*** (e.g. restlessness, agitation, anxiety, irritability or suicidal thoughts).

This can be particularly difficult to cope with, as:

- It can be harder to work out how you are feeling.
- It can be harder to identify what you want.
- It might feel even more challenging and exhausting to manage your emotions.
- You may be more likely to act on suicidal thoughts and feelings.
- Your friends and family might struggle to know how they can best support you.

Rapid cycling

- You may be told that your bipolar is '***Rapid Cycling'*** if you have experienced four or more episodes of ***mania*** or ***hypomania***, followed by ***depression*** within a year.
- This might mean you feel stable for a few weeks between episodes, or that your mood can change quickly, such as within the same day, or even the same hour.
- Currently, rapid cycling is not considered a separate type of bipolar disorder, but more research is needed.

How often do episodes occur?

The frequency of bipolar episodes can depend on many things including:

- Your exact diagnosis.
- How well you manage your symptoms.
- Certain situations that may trigger episodes (e.g. getting very little sleep, or stressful life events, etc.)

What's normal for you can change over time. However, many people find that:

- **Mania** starts suddenly and lasts between 2 weeks and 4-5 months
- **Depressive** episodes can last longer - sometimes several months.

It can be common to have stable periods in between episodes. This doesn't mean that you experience no emotions during this time - just that you are not experiencing ***mania***, ***hypomania*** , or ***depression***, or that you are managing your symptoms effectively.

> *It's a lot harder coming to terms with being stable [...] than I could have imagined. I've had to struggle with a 'new' identity and way of life after spending so many years thinking the ups and downs of bipolar are 'normal'.*

WHO DOES BIPOLAR AFFECT?

Anyone, irrespective of gender, race, religion or social class can experience symptoms of bipolar.

Several people in the public eye have spoken about their experiences of bipolar disorder, including:

Winston Churchill, Catherine Zeta-Jones, Jim Carey, Virginia Woolf, Frank Bruno, Alastair Campbell, Stephen Fry, Robin Williams.

- About 1 - 1.5% of the population in the UK and US meet criteria for a diagnosis of bipolar disorder. As many of 5% of the population are on the bipolar spectrum.
- Bipolar disorder is usually described as a ***lifelong mental health problem***. Most people experience repeated episodes of mania or depression with most research studies reporting around 50–60% of people experiencing another mood episode within one year of recovery from a mood episode.
- Problems often start in late adolescence or early adulthood, and can affect a person's development.
- Bipolar disorder in children under 12 years is very rare.
- The symptoms can first happen and reoccur when work, studies, family or emotional pressures are at their greatest.

DIAGNOSIS

To make a diagnosis, your doctor will ask you about:

- What symptoms you experience
- How long your high or low episodes last
- How many episodes you have had and how often they occur
- The impact the symptoms have on your life
- You family history of mental health or mood problems

Who Diagnoses Bipolar?

- You can only be diagnosed with bipolar by a mental health professional, such as a psychiatrist.
- If you are experiencing bipolar symptoms, discussing it with your GP can be a good first step. They can then refer you to a psychiatrist who will be able to assess you.

- It can take a long time for someone to receive the correct diagnosis of bipolar disorder. Many people have also received other diagnoses at some point.

- The most common diagnoses are of ***anxiety***, ***depression***, and ***psychosis disorders***. ***Personality disorders*** are also commonly diagnosed. This array of labels can be very confusing and contribute to the difficulties people have in making sense of their experiences. It can also lead to changes in medication treatment.

CAUSES OF BIPOLAR

No one knows exactly what causes bipolar disorder. A number of factors have been identified as playing a key role in increasing the risk of developing bipolar and as yet there is no clear answer why some people develop bipolar and others don't. Historically it has been seen as a ***biological form*** of mental illness.

The extent to which ***genes*** play a role is unclear and continues to be the subject of research. It is also likely that experiencing more ***stressful life events*** can increase the chances of bipolar disorder. Stress can also increase the likelihood of experiencing further episodes.

- **Genetic Factors** – Bipolar disorder tends to run in families and it has been found that, in individuals with a ***parent*** with bipolar, the chance of their children also having the diagnosis is ***10-15%.***
- Those with a ***sibling*** who has bipolar have a ***9-10%*** chance of having this diagnosis themselves.
- However, just because one family member has the illness, it is not necessarily the case that other family members will also develop the illness.

CAUSES OF BIPOLAR

- **Family Functioning** – Family issues can have an impact on whether someone experiences the problems that can lead to a diagnosis of bipolar disorder as well as how the problems develop over time. People in families with overprotective or critical patterns of communication (known as ***High Expressed Emotion***) are at an increased risk for future mood episodes.
- ***However, families do not cause bipolar!***

- **Organic factors** – It appears that some people with a diagnosis of bipolar disorder show some slight differences in brain structure. There is also evidence that some brain areas may function differently in people with a diagnosis of bipolar disorder when performing specific tasks, e.g. those that involve sustained attention.

- **Childhood Trauma** – Some experts believe that you will be more at risk of developing bipolar if you experienced severe emotional distress as a child, including:
  - Sexual or physical abuse
  - Neglect
  - Traumatic events
  - Losing someone very close (e.g. parent or carer)

CAUSES OF BIPOLAR

- **Stressful Life Events** – Individuals who have had more stressful life experiences seem to be at more risk for developing bipolar disorder.

You may be able to link the start of your symptoms to a very stressful period in your life such as:

- Relationship changes (e.g. breakdown, having a baby)
- Money problems or poverty

- Stressful life events can also influence people's outcomes after bipolar has been diagnosed. Research has indicated that higher levels of life stress are linked to higher rates of relapse and slower recovery from mood episodes in individuals with a bipolar diagnosis.

- **Drugs** – Medication, drugs or alcohol can't cause you to develop bipolar, but they can cause you to experience some bipolar symptoms:
  - **Some Antidepressants** can cause mania or hypomania as a side effect. If you begin to experience mania after taking antidepressants for depression, you may be re-diagnosed with bipolar.
  - **Alcohol or Street Drugs** can cause you to experience symptoms similar to both mania or depression.

CAUSES OF BIPOLAR

- **Thinking Styles** – Some people with a diagnosis of bipolar disorder appear to show certain characteristic patterns in thinking.

  - ***Negative Thinking Styles*** can include a tendency to self-blame when things go wrong and to see the self, other people and the wider world in a negative light.

    Another factor is a tendency to ruminate when feeling low, which can make the person feel even worse. These styles are most prominent during periods of low mood and are often similar to thinking styles that are characteristic of people who experience unipolar depression.

  - ***Positive Thinking Styles***, such as high ambition and drive to achieve, are often prominent in people diagnosed with bipolar disorder.

    Just as negative styles are clearest when mood is low, positive styles are clearest when mood is higher. For instance, when an individual with bipolar experiences increases in alertness or activity, or reduced need for sleep, they are more likely to interpret these as reflecting their true self rather than as being caused by external events.

When mood swings become a problem

- Studies of the experiences of bipolar disorder found that the most common symptom pattern is not ***mania*** or ***high mood*** but rather ***dysphoria*** (an unpleasant combination of ***depressed*** mood, ***anxiety*** and ***guilt***).

- When an episode of ***mania*** has subsided, feelings of shame can arise because of what an individual has said or done that was out of character.

- Even when ***mania*** is viewed positively by the individual, it can have a negative impact on ***relationships with others***. This can be at subtle levels, such as becoming more dominant in conversation, but can also include getting into unnecessary arguments with others and even being physically confrontational.

- People can also act out of character in other ways during mania, such as being more ***sexually active***, ***spending excessively***, or using large amounts of ***drugs or alcohol***. This can be challenging for other people and can lead to relationship problems.

- Often when a person's mood drops again they may experience feelings of ***shame*** for what they have said or done that was out of character.

- Many people experience both the negative side of ***hypomania*** and some of its positive qualities. This understandably leads people to have ***mixed feelings*** about their highs, often wanting to find a way to keep them, but to avoid the negative consequences.

When mood swings become a problem

- People who report more problems with their ***high moods*** often report that they feel that their moods are outside their own control. This feeling can be compounded by the experience of ***psychotic symptoms*** in mania or depression.

- Understandably, feeling that one's own thoughts and feelings are out of control can be especially concerning for people whose mood changes have led to ***risky behaviours*** in the past. People may also find it difficult to trust normal fluctuations in their moods and worry that subtle changes may mean they are becoming unwell again.

- Many people with bipolar disorder are admitted to hospital at the peak of their ***high moods***. Although the admission is usually designed to minimise risk and provide a place for effective treatment, many people find this a distressing experience. For example, some people are admitted against their wishes (e.g. under a section of the Mental Health Act) because mental health professionals see them as being at risk. Whether people enter hospital voluntarily or against their wishes, many report that this can be a ***stressful experience***.

- Thoughts of about life not being worth living or thoughts of ending one's life can be common and frequent in people with bipolar.

Positive experiences of bipolar

- It is important to note that not all experiences in bipolar disorder involve a deficit or cost.
- Many individuals also describe ***positive aspects*** of their bipolar experiences, including increased ***creativity*** and ***inspiration***, feelings of ***optimism***, increased ***social connectedness*** and ***motivation***.
- Many people with a diagnosis of bipolar disorder are very creative and high achievers.
- Bipolar experiences involve a mix of ***positive*** and ***negative*** psychological factors. The extent to which these factors dominate depends on coping styles used.

Effective Coping Styles May Involve:

- **Monitoring your Mood** — keeping track of your moods over a period of time
- **Learning to Recognise Triggers** —e.g. stressful events, lack of sleep, etc.
- **Understanding your Early Warning Signs** — you may notice a pattern of thoughts, feelings and behaviours you experience before an episode.

SLEEP AND ROUTINES

- **Sleep** —One of the most common problems people with bipolar disorder experience is ***sleep disturbance***. During periods of ***hypomania*** and ***mania***, people are much more active and typically sleep less. At the end of this period, they may feel exhausted and low in energy, which can lead to a period of low ***mood***.
- Whilst a ***single night of poor sleep is common*** in everyone, a more consistent change in sleep may be one of the Early **Warning Signs** of the beginning of an episode of mania or depression.

- **Routines —**Research suggests that people with mood disorders, like bipolar, are more sensitive to changes in routines. Having a regular routine can help keep your mood stable.

Try to stick to a regular routine involving the following:

- When you get out of bed and go to sleep
- When you have meals
- When you interact with people and socialise
- Times for work, study, hobbies and other activities
- When you take medication

What are the treatments for bipolar disorder?

Medication

Medication is one of a range of treatments available to people with bipolar disorder to help ***manage mood swings***. There are a number of medications which can help in either preventing extreme moods swings or managing mood states when they occur. It can take some time to find the ideal medication/ combination of mediations to suit any one individual.

Medications for Bipolar Disorder Fall into Three Categories:

1. Antidepressants

Anti-depressants are used to control depressive episodes and work well to relieve symptoms for about 7 out of 10 people.

2. Mood Stabilisers

Mood stabilisers can be prescribed as maintenance treatments. They are taken long term to prevent manic and depressive episodes.

3. Major tranquilizers/Anti-psychotics

Major tranquilizers, sometimes called ***anti-psychotics***, are used to treat and control manic episodes.

For more information on medications for bipolar disorder, please speak to your prescribing psychiatrist or GP.

MEDICATION

It is likely that your psychiatrist or GP will offer you prescribed medication. What medication you will be offered will depend on:

- **Your Current Symptoms** — e.g. if you are experience mania or depression.
- **Your Past Symptoms** — such as whether you mainly experience mania or depression, and how long the episodes have last ed.
- **How you have Responded to Treatments in the Past**.
- **The Risk of Another Episode** — and what has triggered past episodes
- **Your Physical Health** — in particular if you have kidney problems , weight problems or diabetes
- **How Likely you are to Take the Medication Consistently**
- **Your Gender and Age** — e.g. if you are female and could become pregnant you should not be offered certain medications (e.g. Lithium or Sodium Valporate), as they carry risks to your baby.

Before prescribing medication, your doctor should explain to you what the medication is for and discuss any possible side effects.

PSYCHOLOGICAL THERAPIES

The main aim of psychological therapy for bipolar disorder is to help individuals ***develop strategies*** that will reduce the chances of experiencing future episodes of mania or depression. Typically these therapies are most effective when offered at times when people are not experiencing a period of extremely high or low mood.

There are a number of different forms of structured psychological therapies offered to people with bipolar disorder:

- **Group Psychoeducation —** Involves a thorough discussion of bipolar experiences and the potentially helpful approaches to remaining well. Psychoeducation can be very helpful if it is delivered in a collaborative style, building on the group's expertise and enhancing their sense of control over experiences through understanding more about what causes them.

- **Cognitive Behavioural Therapy (CBT) —** CBT is helps you to understand the links between external events, thoughts, behaviour and mood. It examines ways in which thoughts and events influence the behaviour and moods. This can involve identifying patterns of thinking or behaviours that may trigger depression or mania, as well as identifying patterns that work well for you and enhance recovery.

PSYCHOLOGICAL THERAPIES

- **Interpersonal and Social Rhythm Therapy (IPSRT) —** IPSRT places a particular emphasis on helping you to develop stable sleep and behavioural routines. It involves careful recording of activities throughout therapy and target setting to achieve progressive increases in the number and frequency of behaviours that help establish stable day and night time routines.

- **Family Focussed Therapy —** The emphasis on family focussed therapy is on improving understanding, communication and problem solving as a joint venture between family members and the individual with bipolar disorder. This is based on evidence that difficulties in family relationships are commonly reported in and that when family relationships are fraught the outcomes for the individuals with bipolar disorder tend to be worse.

- **Relapse Prevention** — May involve learning to recognise ***triggers*** or ***Early Warning Signs*** that your mood may be going up or down and what you can do to prevent things worsening. It can help you to learn new or enhance your own helpful coping skills to reduce the likelihood of relapsing. Many people find it helpful to share their relapse prevention plans with their family, friends and carers so they know how to support them when needed.

Staying well with bipolar

- We know that a sizable proportion of people with bipolar disorder have a good outcome in the long-term.
- Recovery from bipolar disorder is determined by the individual experiencing the problem and it does not necessarily involve a complete elimination of distress or symptoms.
- Some people think of recovery as no longer using services or taking medication, whereas others see recovery as gaining back control of one's life and achieving valued goals.

What can I do in a crisis?

If you start to feel unwell, or if an episode of depression or mania is lasting for a long time and your regular treatment isn't working. You may need extra support:.

- **Go to A&E**—if you're worried that you may seriously harm yourself, you can go to A&E, or call 999 for an ambulance if you're not able to get there on your own.

- **Call Crisis Lines**— You can call the following crisis support lines:
  - **Solidarity in Crisis** (Lambeth/Southwark) — 020 7501 9203
  - **Samaritans** (24/7) **Lewisham, Greenwich & Southwark** — 020 8692 5228

What can I do in a crisis?

- **Support from Home Treatment Team**—If you don't want to go to hospital, or a bed is not available straight away, you could be supported to stay at home by a specialist team of mental health professionals.
- **Hospital Admission**—you can choose to go to hospital as an informal patient. However, if you are very unwell and mental health professionals have concerns about your safety, it is possible that you could be placed under the Mental Health Act.

Planning Ahead —When you're in the middle of a crisis it can be difficult to let others know what kind of help you want. So it can be useful to make a plan for how you want to be treated, while you are well.

- You might want to make an ***advance statement*** detailing what and how you would like to be treated if you were to become unwell (e.g. if you would prefer Home Treatment Team support or a particular medication. As much as possible your health team should respect your wishes if it is safe to do so.
- If you are the main or only carer of children, it is important that someone who knows you well is aware that you may become unwell quite quickly and can support you to care for your children until you recover again.
- Planning ahead for a crisis can also reduce the likelihood that you may need to be sectioned, as those around you will know better how to handle an emergency.

What can help a person with bipolar?

- Try to avoid ***stressful situations*** which may trigger an episode of mania or depression. A change in lifestyle may be appropriate for some people.
- Try to establish a ***daily routine*** and schedule daily activities so that you have the right amount of things to occupy your time.
- Try to do some regular relaxing activities (e.g. resting in a quiet place).

- Make sure that you are ***eating regularly*** and healthily and getting plenty of ***sleep***.
    - Working excessively ***long hours*** and ***shift work***, with unpredictable hours, may not be helpful if you have bipolar disorder.
    - Be mindful that other changes in routine (e.g. long-haul flying) can impact on routines).

- Try to become more ***aware*** of how you are ***thinking***, ***feeling*** and ***behaving***. You may want to keep a ***diary of your moods***, thoughts and reactions to help this.
    - Using these diaries will help you to ***balance activities*** that boost your mood and energy levels with other activities that are soothing and relaxing.

- Try to ***limit caffeine***, ***alcohol*** and ***street drugs***. All of these can be highly activating and can increase symptoms of mania.

What can help a person with bipolar?

- If you are prescribed a mood stabiliser medicine, **take it regularly**. Sometimes, suddenly stopping a mood stabiliser leads to mood episodes.

- If you get ***side-effects*** from medication, tell a doctor. The dose or type of medication can often be changed with the advice of a doctor.

- Consider being ***open to family and friends*** about your condition. If they understand the condition, they may be able to tell if you are becoming unwell, even if you do not realise it yourself.

- ***Connect with other people*** who have diagnoses of bipolar disorder and who are in recovery.

- Consider ***joining a self-help or patient group***. They are a great source of advice, information, support and help.

- If you are prone to ***acting impulsively***, try to ***pause and delay actions for 72 hours*** and review whether it is a helpful action.

- When you are well, consider putting some ***safeguards on your money*** so that you cannot overspend if you become high. For example, if you are married, consider putting your bank account solely in the name of your spouse.

CARING FOR A PERSON WITH BIPOLAR DISORDER

- For those individuals ***living with*** or ***caring*** for a person with bipolar disorder, life can sometimes feel difficult. Episodes of mania or depression can be ***distressing*** for the individual as well as family and friends.
- It may help once you know the diagnosis. You may then understand that behaviour of your friend or loved one is due to mental illness or distress.
- People with mania usually ***do not realise they are unwell*** at the time. So, family and friends are often of great help in letting a doctor or other healthcare worker if symptoms if a new episode of illness develops.
- When your friend or family member is feeling well, ***try talking to them about how you can support them*** if they have a hypomanic or manic episode. This can help both of you feel more stable and in control of what's happening. You could discuss ideas such as:
    - Enjoying being creative together.
    - Offering a second opinion about projects or commitments, to help them not take on too much.
    - Try to encourage them to ***Pause*** if they are acting impulsively or potentially engaging in risky behaviour.
    - If they would like you to, help to manage money while they are unwell.
    - Helping them keep a routine, including regular meals and a good sleep pattern.
    - Try to encourage the individual to take their medication as prescribed.
- It is important to try ***not to shout, criticise***, or ***worry excessively*** about the person you care for. This is very difficult as you may feel as though you are not caring enough or you may worry about your relationship.

CARING FOR A PERSON WITH BIPOLAR DISORDER

- It can be frustrating when someone you care about does not seek support during a manic or hypomanic episode. This can lead to arguments about whether or not the person is unwell.
- It is particularly useful to ***agree in advance*** (during a time of stability) what you both think it the ***best strategy to use*** when this happens.

Discuss Behaviour you find Challenging:

- If someone is hearing or seeing things you don't, they might feel angry or annoyed if you don't share their beliefs. It's helpful to ***stay calm***, and let them know that, although you don't share the belief, you ***understand that it feels real for them.***
- If someone becomes very ***disinhibited*** while manic, they may do things that feel embarrassing, strange or upsetting to you. It can be helpful to ***calmly discuss your feelings with them when they are feeling more stable***. Try not to be judgemental or overly critical; focus on explaining how specific things they've done make you feel, rather than making general statements or accusations about their actions.

Looking after your own Needs:

- As a carer, having the opportunity to ***talk with other people*** may help you to manage some of the worrying or stressful feelings.
- It is important for you and the individual to have your ***own space***, ***maintain your own interests***, and ***have time on your own***. It is also very important that you remember to ***look after your own need***s and wellbeing.
- ***Support groups*** may also provide support for family and carers.

USEFUL RESOURCES

http://www.mdf.org.uk

Website of the MDF Bipolar Organisation (Formally the Manic Depression Fellowship). A UK, user-led charity for individuals and families affected by bipolar disorder

http://theicarusproject.net

The Icarus Project is a network of independent groups and individuals living with the experiences that are commonly labelled bipolar disorder

www.bipolaruk.org

Bipolar UK is a national charity dedicated to supporting individuals with bipolar disorder, their families and carers.

http://youngminds.org.uk

A UK charity committed to improving the emotional wellbeing and mental health of young people and empowering their parents and carers.

https://www.rethink.org

A UK Charity that provides expert advice and information to everyone affected by mental health problems

www.carersuk.org

A UK charity providing specialist advice and support for carers

With special thanks to the South London and Maudsley NHS Foundation Trust Bipolar Special Interest Group