



Understanding bipolar disorder

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Scottish Action for Mental Health



This resource explains what bipolar disorder is, what kinds of treatment are available, and how you can help yourself cope. It also provides guidance on what friends and family can do to help.

Since 1923, SAMH has represented the voice of people affected by mental health problems in Scotland. We are here to provide help, information and support.

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WHAT IS BIPOLAR DISORDER?

Bipolar disorder is a mental health problem that mainly affects your mood.

If you have bipolar disorder, you are likely to have times where you experience:

- manic or hypomanic episodes (feeling high)
- depressive episodes (feeling low)
- potentially some psychotic symptoms during manic or depressed episodes.

You might hear these different experiences referred to as mood states, and you can read more about them in our page on bipolar moods and symptoms.

Everyone has variations in their mood, but in bipolar disorder these changes can be very distressing and have a big impact on your life. You may feel that your high and low moods are extreme, and that swings in your mood are overwhelming.

Depending on the way you experience these mood states, and how severely they affect you, your doctor may diagnose you with a particular type of bipolar disorder.

Bipolar disorder or manic depression?

The term 'bipolar' refers to the way your mood can change between two very different states – mania and depression. In the past, bipolar disorder was referred to as manic depression, so you might still hear people use this term. Some health care professionals may also use the term bipolar affective disorder ('affective' means the disorder relates to mood or emotions).

“It’s an emotional amplifier: when my mood is high I feel far quicker, funnier, smarter and livelier than anyone; when my mood is low I take on the suffering of the whole world.”

“What helps me the most is the ongoing realisation and acceptance that the way in which my bipolar disorder manifests itself, and the symptoms I display, are not personality traits or ‘bad behaviour’.”

Bipolar disorder and stigma

Many people have heard of bipolar disorder, but this doesn't mean they understand the diagnosis fully. You might find that some people have misconceptions about you or have a negative or inaccurate image of bipolar disorder. This can be very upsetting, especially if someone who feels this way is a friend, colleague, family member or a health care professional.

But it's important to remember that you aren't alone, and you don't have to put up with people treating you badly. Here are some options for you to think about:

- **Show people this information** to help them understand more about what your diagnosis really means
- **Know your rights.** Our pages on **legal rights** provide more information.



WHAT TYPES OF BIPOLAR ARE THERE?

Depending on the way you experience different bipolar moods and symptoms, and how severely they affect you, your doctor may diagnose you with a particular type of bipolar disorder.

The table below explains some terms your doctor might use.

Diagnosis	What it means
Bipolar I	You may be told you have bipolar I if you have experienced: <ul style="list-style-type: none">• at least one episode of mania which has lasted longer than a week• You might also have experienced depressive episodes, although not everyone does.
Bipolar II	You may get a diagnosis of bipolar II if you have experienced both: <ul style="list-style-type: none">• at least one episode of severe depression• symptoms of hypomania.
Cyclothymia	<p>You may get a diagnosis of cyclothymia if:</p> <ul style="list-style-type: none">• you have experienced both hypomanic and depressive mood states over the course of two years or more• your symptoms aren't severe enough to meet the criteria for a diagnosis of bipolar I or bipolar II. <p>This can be a difficult diagnosis to receive, because you may feel that you are being told your symptoms are 'not serious enough', but this is not the case. Mental health is a spectrum that encompasses lots of different experiences and cyclothymia can have a serious impact on your life.</p>

Using these terms can help both you and health professionals discuss your diagnosis and treatment more specifically. If your doctor ever uses words or phrases you don't understand, you can ask them to explain.

How often do bipolar episodes occur?

This can depend on a lot of things, such as:

- your exact diagnosis
- how well you're able to manage your symptoms
- whether certain situations or experiences can trigger your episodes (for example, you might find that getting very little sleep while going through a stressful life event could trigger an episode of mania)
- how you define an episode personally.

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

- mania can start suddenly and last between two weeks and four or five months
- depressive episodes can last longer – sometimes for several months.

It's also common to have stable or neutral periods in between episodes. This doesn't mean that you have no emotions during this time – just that you're not currently experiencing mania, hypomania or depression, or that you're managing your symptoms effectively. You might find you feel stable for years in between episodes, although for some people periods of stability can be much shorter.

Rapid cycling

You may be told your bipolar is rapid cycling if you have experienced four or more depressive, manic, hypomanic or mixed episodes within a year.

This might mean you feel stable for a few weeks between episodes, or that your mood can change as quickly as within the same day, or even the same hour.

Currently, rapid cycling is not officially considered a separate type of bipolar disorder, but more research is needed to know for sure or to better understand it.

*(For more information on rapid cycling, see the **Bipolar Scotland** website.)*

“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’.”



WHAT ARE BIPOLAR MOOD STATES?

“The hardest thing to explain is the racing thoughts when I’m manic. It’s like I’ve got four brains and they’re all on overdrive... it can be scary but also euphoric at the same time.”

This section provides information on:

- manic episodes (feeling high)
- hypomanic episodes (feeling high)
- depressive episodes (feeling low)
- mixed episodes (feeling high and low at the same time)
- psychotic symptoms.

Going through any of these experiences can be extremely difficult to cope with, so it’s worth thinking about how you can look after yourself, and what kind of treatment could help. It’s also worth planning ahead for a crisis.



About manic episodes

Mania can last for a week or more and has a severe negative impact on your ability to do your usual day-to-day activities – often disrupting or stopping these completely.

Severe mania is very serious and often needs to be treated in hospital.

Here are some things you might experience during a manic episode:

How you might feel

- happy, euphoric or a sense of wellbeing
- uncontrollably excited, like you can't get your words out fast enough
- irritable and agitated
- increased sexual energy
- easily distracted, like your thoughts are racing, or you can't concentrate
- very confident or adventurous
- like you are untouchable or can't be harmed
- like you can perform physical and mental tasks better than normal
- like you understand, see or hear things that other people can't.

How you might behave

- more active than usual
- talking a lot, speaking very quickly, or not making sense to other people
- being very friendly
- saying or doing things that are inappropriate and out of character
- sleeping very little or not at all
- being rude or aggressive
- misusing drugs or alcohol
- spending money excessively or in a way that is unusual for you
- losing social inhibitions
- taking serious risks with your safety.



About hypomanic episodes

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

- it can feel more manageable – for example, you might feel able to go to work and socialise without any major problems
- it lasts for a shorter time

- it doesn't include any psychotic symptoms.

While hypomania is less severe than mania, it can still have a disruptive effect on your life and people may notice a change in your mood and behaviour. Symptoms of hypomania can include:

How you might feel

- happy, euphoric or a sense of wellbeing
- very excited, like you can't get your words out fast enough
- irritable and agitated
- increased sexual energy
- easily distracted, like your thoughts are racing, or you can't concentrate
- confident or adventurous.

How you might behave

- more active than usual
- talking a lot or speaking very quickly
- being very friendly
- sleeping very little
- spending money excessively
- losing social inhibitions or taking risks.

After a manic or hypomanic 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 clear memories of what happened while you were manic, or none at all
- feel very tired and need a lot of sleep and rest.



About depressive episodes

Here are some things you might experience during a depressive episode:

How you might feel

- down, upset or tearful
- tired or sluggish
- not being interested in or finding enjoyment in things you used to
- low self-esteem and lacking in confidence
- guilty, worthless or hopeless
- agitated and tense
- **suicidal**.

How you might behave

- not doing things you normally enjoy
- having trouble sleeping, or sleeping too much
- eating too little or too much
- misusing drugs or alcohol
- being withdrawn or avoiding people
- being less physically active than usual
- **self-harming**, or attempting suicide.

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 may make your depression seem even deeper.

*(See our pages on **depression** for more information.)*

“The lows can be flat and devoid of colour, or intense and torturous. Sometimes it’s full of demons, and pain inside so bad nothing physical could hurt you.”

“Then [with mania] comes the paranoia, the shadows, the voices, the thought someone is behind me following me everywhere I go, ready to get me.”

About mixed episodes

Mixed episodes (also called ‘mixed states’) are when you experience symptoms of depression and mania or hypomania at the same time or quickly one after the other. This can be particularly difficult to cope with, as:

- it can be harder to work out what you’re feeling
- it can be harder to identify what help you need
- 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, family or doctor might struggle to know how they can support you best.

About psychotic symptoms

Psychotic symptoms can include:

- delusions, such as paranoia
- hallucinations, such as hearing voices.

Not everyone with a diagnosis of bipolar disorder experiences psychosis, but some people do. It’s more common during manic episodes, but can happen during depressive episodes too. These kinds of experiences can feel very real to you at the time, which may make it hard to understand other people’s concerns about you.

*(See our pages on **psychosis** for more information.)*



WHAT CAUSES BIPOLAR DISORDER?

No one knows exactly what causes bipolar disorder. Researchers suggest that a combination of different factors, including physical, environmental and social, increase your chance of developing the condition.

On this page you can find information on:

- childhood trauma
- stressful life events
- brain chemistry.

Childhood trauma

Some experts believe that experiencing a lot of emotional distress as a child can cause you to develop bipolar disorder. This can include experiences like:

- sexual or physical abuse
- neglect
- traumatic events
- losing someone very close to you, such as a parent or carer.

This could be because experiencing trauma and distress as a child can have a big effect on your ability to regulate your emotions.

Stressful life events

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

- a relationship breakdown
- money worries and poverty
- experiencing a traumatic loss.

Although lower levels of stress are unlikely to cause bipolar disorder, for some people they can trigger an episode of mania or depression.

“The biggest thing for me is making time for myself; it is very easy to feel guilty about making time, and very difficult to do on a practical level.”

Brain chemistry

Evidence shows that bipolar symptoms can be treated with certain psychiatric medications, which are known to act on the neurotransmitters (messenger chemicals) in your brain.

This suggests that bipolar disorder may be related to problems with the function of these neurotransmitters – and this is supported by some research. However, no one knows for certain exactly how these neurotransmitters work and whether problems with these are a cause or a result of bipolar disorder.

Genetic inheritance

If you experience bipolar disorder, you are more likely to have a family member who also experiences bipolar moods and symptoms (though they might not have a diagnosis). This suggests that bipolar disorder might be passed on through families.

However, this does not necessarily mean that there is a 'bipolar gene' – family links are likely to be much more complex. For example, researchers think that environmental factors can also be triggers for experiencing symptoms of bipolar disorder. And for most people, family members are an influential part of your environment as you grow up.

Can drugs cause bipolar disorder?

Medication, drugs or alcohol can't cause you to develop bipolar disorder, but they can cause you to experience some bipolar moods and symptoms. For example:

- Some antidepressants can cause mania or hypomania as a side effect when you are taking them or as a withdrawal effect when you are coming off them. If you begin to experience mania after taking or after coming off antidepressants for depression, this might lead your doctor to give you an incorrect diagnosis of bipolar disorder, or prescribe you more medication. But in this case it's usually worth waiting to see if your symptoms pass without treatment first
- Alcohol or street drugs can cause you to experience symptoms similar to both mania and depression. It can often be difficult to distinguish the effects of alcohol and drugs from your mental health symptoms.

If you're concerned about the effects of medication, alcohol or street drugs on your mental health, it's important to discuss it with your doctor.

HOW DOES A DIAGNOSIS GET MADE?

To make a diagnosis your doctor will ask you about:

- how many symptoms you experience
- how long your manic or depressive episodes last
- how many episodes you've had, and how frequently they occur
- the impact your symptoms have on your life
- your family history.

“Once properly diagnosed, I knew the cause. I understood that I was someone with an illness. I was not a failure, not a bad person.”

They may also:

- ask you to keep a diary of your moods to help them assess you
- check for any physical health problems, such as thyroid problems which can cause mania-like symptoms.

You can only be diagnosed with bipolar disorder by a mental health professional, such as a psychiatrist – not by your GP.

However, if you're experiencing bipolar moods and symptoms, discussing it with your GP can be a good first step. They can refer you to a psychiatrist, who will be able to assess you.



“I was diagnosed with BPD [borderline personality disorder] first because of the overlap in symptoms between bipolar II and BPD.”

How long will diagnosis take?

Because bipolar disorder involves changes in your moods over time, your doctor may want to observe you for a while before making a diagnosis. Bipolar disorder also has some symptoms in common with other mental health diagnoses (such as **depression, personality disorders**, schizoaffective disorder and schizophrenia), so your doctor may want to take care that they diagnose you correctly.

Because of this it might take a long time to get a correct diagnosis – sometimes it can take years.

What can I do if I disagree with my diagnosis?

If you feel the diagnosis you've been given doesn't fit the way you feel, it's important to discuss it with your doctor. You can seek a second opinion and take action if you're not happy with your doctor. Advocacy organisations can provide advice and support on how you can do this.



WHAT TREATMENTS CAN HELP?

The National Institute for Health and Care Excellence (NICE) – the organisation that produces guidelines on best practice in healthcare – suggests that treatment for bipolar disorder should include both talking therapies and medication.

This section covers:

- What treatment could I get to manage a current episode?
- What can I do in the longer term?
- Which talking therapies might I be offered?
- How can talking therapies help in the long term?

- What treatment can I get in a crisis?

The exact combination of treatments you're offered will depend on whether you're managing a current bipolar episode, or managing your mental health in the long term.

What treatment could I get to manage a current episode?

This will usually depend on what kind of episode you're experiencing.

During depressive episodes

- You're likely to be offered medication – this might be new medication or adjusting your current medication
- You might also be offered a structured psychological treatment that's proven to help with depression, such as Cognitive Behavioural Therapy (CBT).

During manic or hypomanic episodes

- You're likely to be offered medication – this might be new medication or adjusting your current medication
- You're unlikely to be offered a talking therapy if you are currently experiencing a manic or hypomanic episode.

(See our pages on [depression](#) for more information on treatments and self-care tips for depression.)

“I find the biggest step is accepting that is who you are. Changing your ways with meds and therapy is a hard slog.”

What can I do in the longer term?

The aim of treatment should be to help you maintain stable moods and manage your symptoms well. As you start to feel more stable, the majority of your support could come from a Community Mental Health Team (CMHT) or your GP, although your GP should arrange for you to still be in touch with a mental health specialist.

Your health professionals should work with you to help you identify:

- **Clear emotional and social recovery goals** for you to work towards and regularly reflect on and revise with your doctor
- **A crisis plan**, so you know what to do if you experience any of your early warning signs or triggers, or begin to feel very distressed
- **How you feel day-to-day**, so you can be aware of how best to manage your mood and notice any changes
- **A medication plan**, including dates where you can review your dose, how well the medication is working and any side effects that you experience.

If you are receiving a talking therapy, you might set some of these goals with your therapist. You should share these goals with your GP. You may also want to share them with your family, friends and carer if you have one.

“It has been 13 years since I was hospitalised or sectioned, and [I’ve] done so well. My medication is working.”



Which talking therapies might I be offered?

There are several talking therapies you might be offered to help you manage your bipolar disorder in the long term. These are a few that have been tested and shown to work well for some people, although other therapies may work too:

- **Cognitive behavioural therapy (CBT)** – looks at how your feelings, thoughts and behaviour influence each other and how you can change these patterns
- **Interpersonal therapy** – focuses on your relationships with other people and how your thoughts, feelings and behaviour are affected by your relationships, and how they affect your relationships in turn
- **Behavioural couples therapy** – focuses on recognising and trying to resolve the emotional problems that can happen between partners.

Other types of talking therapies you may be offered are:

- **Enhanced relapse prevention/ individual psychoeducation** – this is a brief intervention to help you learn coping strategies
- **Group psychoeducation** – this involves working in a group of people with shared experiences, led by a trained therapist, to build up knowledge about bipolar disorder and self-management
- **Family-focused therapy** – this involves working as a family to look at behavioural traits, identify risks and build communication and problem-solving skills.

Some of these treatments are more widely available than others. What you are offered can also depend on what you and your doctor agree would be most useful for you.



How can talking therapies help in the long term?

Talking therapies can help you:

- understand or make sense or meaning out of your bipolar disorder, and reflect on the impact it has had throughout your life
- identify early warning signs and symptoms
- develop strategies to cope with early symptoms, triggers and episodes
- make a crisis plan
- set goals and plans for staying well.

What treatment can I get in a crisis?

If you start to feel very 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 to access crisis services to help you get through it. This may include:

- emergency support, such as going to A&E
- getting support from a crisis resolution and home treatment (CRHT) team
- hospital admission.

Is ECT ever used to treat bipolar disorder?

Electroconvulsive therapy (ECT) should only be considered a treatment option for bipolar disorder in extreme circumstances. According to NICE guidelines, this could be if:

- you're experiencing a long and severe period of depression, or a long period of mania, AND

- other treatments have not worked, or the situation is life-threatening.

If you feel like you're in this situation, your doctor should discuss this option with you in a clear and accessible way before you make any decisions.

“Bipolar disorder is one of those things that if you have it and it's well controlled, you can use it productively... it's in [my] best interest to take [my] meds, see [my] shrink regularly and stay well.”

WHAT MEDICATIONS ARE AVAILABLE?

If you are diagnosed with bipolar disorder, it's likely that your psychiatrist or GP will offer to prescribe medication.

This might include:

- antipsychotics
- lithium
- anticonvulsants
- antidepressants.

Which medication you are offered will depend on:

- Your current symptoms, for example, if you are currently experiencing a manic or depressive episode
- Your past symptoms, such as whether you are mainly manic or mainly depressed, and how long the episodes have lasted
- How you have responded to treatments in the past
- The risk of another episode, and what has triggered episodes in the past
- Your physical health, in particular whether you have kidney problems, weight problems or diabetes

- How likely you are to take the medication consistently
- Your sex and age (for example, if you could become pregnant your doctor shouldn't offer you valproate, as it carries significant risks to your baby)
- In older people, a test of mental processes such as the one used to diagnose dementia.

Before you take any medication

Before you decide to take any medication, you should make sure you have all the facts you need to feel confident about your decision.

Antipsychotics for bipolar disorder

You are most likely to be prescribed an antipsychotic if you have an episode of mania or severe depression in which you experience psychotic symptoms, such as hearing voices. However, some antipsychotics are increasingly prescribed even if you haven't had psychotic symptoms, as their side effects might be less unpleasant, and they're safer in pregnancy.

The National Institute for Health and Care Excellence (NICE) treatment guidelines recommend the following antipsychotics:

- **Haloperidol** (Dozic, Haldol, Haldol decanoate, Serenace)

- **Olanzapine** (Zalasta, Zyprexa, ZypAdhera)
- **Quetiapine** (Atrolak, Biquelle, Ebesque, Seroquel, Tenprolide, Zaluron)
- **Risperidone** (Risperdal, Risperdal Consta).

If your first antipsychotic doesn't work, you should be offered a different one from the list above. If the second antipsychotic doesn't work you may be offered lithium to take together with an antipsychotic.

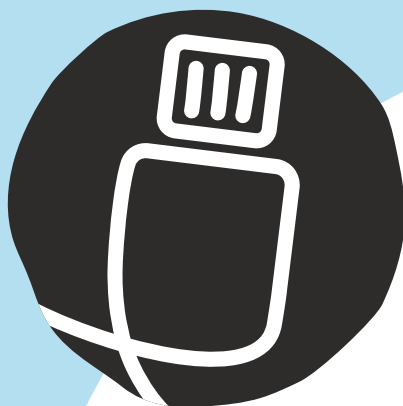
If you're prescribed an antipsychotic, you'll need to have regular health checks with your doctor.

Lithium for bipolar disorder

Lithium can be effective for reducing the likelihood of:

- mania
- recurrent **depression**
- further mood episodes
- **suicidal feelings**.

It is typically a long-term method of treatment, usually prescribed for at least six months. For lithium to be effective, the dosage must be correct. You'll need regular blood and health checks while taking lithium, to make sure your lithium levels are right for you.



Anticonvulsants for bipolar disorder

There are three anticonvulsant drugs used as mood stabilisers which are licensed to treat bipolar disorder:

- Carbamazepine
- Valproate
- Lamotrigine.

Carbamazepine (Tegretol) is also sometimes prescribed to treat episodes of mania. It can be prescribed if lithium is ineffective or unsuitable for you.

Valproate (Depakote, Epilim) can be used to treat episodes of mania and is typically a long-term method of treatment. It can be prescribed if lithium is ineffective or unsuitable for you. However, if you could become pregnant your doctor shouldn't offer you Valproate unless there is a pregnancy prevention programme in place, as it carries significant risks to your baby.

Lamotrigine (Lamictal) has antidepressant effects and is licensed to treat severe depression in bipolar disorder. NICE guidelines recommend that it is not used to treat mania. If you are pregnant and taking Lamotrigine, NICE recommends you are checked regularly.

Antidepressants for bipolar disorder

In some circumstances you might also be offered antidepressant medication, such as selective serotonin reuptake inhibitors (SSRIs) – a commonly prescribed type of antidepressant. You might be offered antidepressants in combination with one of the medications described above.

Remember

You should always check with your doctor or pharmacist before taking any drugs together, or closely following one another, in case they could interact with each other badly. For example, combining lithium with SSRI antidepressants can increase the risk of serotonin syndrome (a serious side effect).

“Lithium helps [me cope] and I just have to keep reminding myself that whichever feeling I'm going through won't last forever.”

HOW CAN I HELP MYSELF COPE?

Bipolar disorder can make you feel like you have little control. However, there are lots of things you can do to manage your symptoms and increase your wellbeing.

You can:

- get to know your moods
- take practical steps
- look after your physical health
- build a support network.

Get to know your moods

Monitor your mood. It can be helpful to keep track of your moods over a period of time. You could try using a mood diary (there are many freely available, such as the one from [Bipolar Scotland](#)).

- **Understand your triggers.** For example, if you often feel high after a late night or low when facing a deadline, it can help to recognise these patterns. Then you can take action to avoid the trigger, or minimise its impact
- **Learn your warning signs.** You may start to notice that there is a pattern to how you feel before an episode.

This could be:

- changes in your sleeping pattern
- changes in your eating patterns or appetite
- changes in your behaviour.

Being aware that you are about to have a change in mood can help you make sure you have support systems in place and that you can focus on looking after yourself.

It can also help to discuss any warning signs with family and friends, so they can help you.

“Have to be careful how much social contact I have – too much can send me high. I have to start saying ‘no’ to demands.”

Take practical steps

- **Stick to a routine.** Having a routine can help you feel calmer if your mood is high, motivated if your mood is low, and more stable in general. Your routine could include:
 - day-to-day activities, such as when you eat meals and go to sleep
 - time for relaxation or mindfulness
 - time for hobbies and social plans
 - taking any medication at the same time each day – this can also help you manage side effects and make sure that you have a consistent level of medication in your system.
- **Manage stress.** Stress can trigger both manic and depressive episodes. There are lots of things you can do to make sure you don't get stressed or look after yourself when you do encounter stress
- **Manage your finances.** You can contact National Debtline for free, impartial financial advice
- **Plan ahead for a crisis.** When you're in the middle of a crisis it can be difficult to let others know what kind of help you would find most helpful, so it can be useful to make a plan while you are well for how you want to be treated when you are unwell.

“I have an alarm set on my phone so I take my meds at the same time every day.”

Look after your physical health

- **Get enough sleep.** For lots of people with bipolar disorder, disturbed sleep can be both a trigger and a symptom of episodes. Getting enough sleep can help you keep your mood stable or shorten an episode
- **Eat a healthy diet.** Eating a balanced and nutritious diet can help you feel well, think clearly and calm your mood
- **Exercise regularly.** Exercise can help by using up energy when you're feeling high and releasing endorphins ('feel-good' chemicals in the brain) when you're feeling low. Gentle exercise, like yoga or swimming, can also help you relax and manage stress.

“The trick for me is not to be seduced by the ‘high’ and to look after myself – get enough sleep, good nutrition.”



“No two people’s experience is the same but there’s a peace and joy in not having to explain. Of shared understanding. Of coming home.”

Build a support network

Building a support network can be really valuable in helping you manage your mood.

A support network might include friends, family or other people in your life who you trust and are able to talk to.

The kind of support they can offer includes:

- being able to recognise signs that you may be manic or depressed
- helping you look after yourself by keeping a routine or thinking about diet
- listening and offering understanding
- helping you reflect on and remember what has happened during a manic episode
- helping you plan for a crisis.

Peer support

Making connections with people with similar or shared experiences can be really helpful.

You could try talking to other people who have bipolar disorder to share your feelings, experiences and ideas for looking after yourself. For example:

- try an online peer support community, such as Elefriends
- find a local support group through an organisation such as Bipolar Scotland.

If you’re seeking peer support on the internet, it’s important to look after your online wellbeing.

HOW CAN FRIENDS AND FAMILY HELP?

This section is for friends and family who want to help someone who has bipolar disorder.

Seeing someone you care about going through the moods and symptoms of bipolar disorder can be distressing. But there are lots of steps you can take to offer support, while also looking after your own wellbeing.

Be open about bipolar disorder

Being open to talking to someone about their experiences can help them feel supported and accepted. If you find it hard to talk about your experiences or want to learn more, you can visit the Bipolar Scotland website.

“What feels real is real for him in that moment. It helps when I respect that and comfort him rather than trying to explain it’s not ‘real’ for everyone else.”

Make a plan for manic episodes

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 someone not take on too much
- if they would like you to, helping to manage money while they are unwell
- helping them keep a routine, including regular meals and a good sleep pattern.

Discuss behaviour you find challenging

- If someone is hearing or seeing things you don't, they might feel angry, annoyed or confused 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. Or, if possible, try to focus on supporting them with how they are feeling rather than confirming or challenging their perception of reality what feels real for them is real in those moments
- 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.

Learn their warning signs and triggers

- Most people will have some warning signs that they are about to experience an episode of mania or depression. The best way to learn what these are for your friend or family member is to talk to them about these and explore together what they might be. If you have noticed certain behaviours that normally happen before an episode, you can gently let them know
- Many people will also have triggers, such as stress, which can bring on an episode. You can try to understand what these triggers are for your friend or family member, and how you can help avoid or manage them.

“Having a father with bipolar is definitely a worry; you ride the highs and lows with them. Looking out for patterns, talking, remaining calm and supportive is essential.”

Try not to make assumptions

It's understandable that you might find yourself constantly on the lookout for signs that your friend or family member is starting a bipolar episode, but remember that this might not be the most helpful way to support them.

- Always keep in mind that it's possible for anyone to have a range of emotions and behaviour while still feeling stable overall
- Try not to assume that any change in mood is a sign that someone is unwell. If you're not sure, talking to your friend or family member is the best way to check.



Look after yourself

It's important to invest some time and energy into looking after yourself. You may feel very worried about your friend or family member, but making sure that you stay well will enable you to continue to offer support.

*(You can find out more about looking after yourself in our booklet on 'How to cope when supporting someone else'. You can also visit the [**Carers Trust Scotland**](#) website).*

"If those around me are concerned about whether changes are symptomatic of relapse [I encourage them] to ask, not assume."

USEFUL CONTACTS

Bipolar Scotland

T: 0141 560 2050

W: bipolarscotland.org.uk

Support for people with bipolar (including hypomania) and their family and friends.

Carers Trust Scotland

T: 0300 772 7701

W: carers.org/country/carers-trustscotland

Information, support and advice on all aspects of caring.

Citizens Advice Scotland

T: 0808 800 9060

W: citizensadvice.org.uk/debt-and-money

Advice on legal issues, money and other problems.

Elefriends

W: elefriends.org.uk

A friendly online community for people experiencing a mental health problem.

Give Us A Shout

T: 85258 (text only)

W: giveusashout.org
24/7 crisis text line.

Mental Welfare Commission for Scotland

T: 0800 389 6809 (service users & carers phone line)

W: mwscot.org.uk

Offers advice and guidance on mental health care and treatment.

Money Advice Scotland

T: 0800 731 4722

W: moneyadvicescotland.org.uk

Offers confidential advice concerning debts.

National Institute for Health and Care Excellence (NICE)

T: 0845 003 7780

W: nice.org.uk

Offers guidance on treatments for psychosis.

NHS Choices

W: nhs.uk/conditions/bipolar-disorder

Provides information on bipolar disorder and details of treatment.

See Me

W: seemescotland.org

National programme to tackle mental health stigma and discrimination.

Samaritans

T: 116 123

W: samaritans.org

E: jo@samaritans.org

Freepost: RSRB-KKBY-CYJK, Chris,
PO Box 9090, Stirling, FK8 2SA

A 24-hour free telephone helpline.



“Bipolar disorder is one of those things that if you have it and it’s well controlled, you can use it productively... it’s in [my] best interest to take [my] meds, see [my] shrink regularly and stay well.”



@SAMHtweets



SAMHmentalhealth



@samhscotland

To read or print SAMH's information booklets visit **samh.org.uk**. If you require this information in Word document format for compatibility with screen readers, please email **communications@samh.org.uk**

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