

BIPOLAR

THE ESSENTIAL GUIDE

•) • Bipolar | Scotland's Charity for People
•) • Scotland | Living with Bipolar

FOREWORD

As Medical Advisor to Bipolar Scotland I am delighted to introduce this new and updated version of 'Bipolar – The Essential Guide'. This is a vital document for individuals and families affected by bipolar disorder, especially those with a recent diagnosis. It provides important information on diagnosis and treatment, guidance on lifestyle and self-management strategies, and advice on work, driving, pregnancy, welfare benefits and legal aspects of care. There is also an excellent glossary of key terms and a list of additional sources of information and support.

Bipolar disorder is relatively common (affecting about 1 in 50 individuals at some point in their lifetime) but it can affect people in many different ways. It usually requires a coordinated approach to long-term management, with input from a range of health professionals and support organisations.



It is important to stress that most people with bipolar disorder live full and satisfying lives, both personally and professionally. It has been my privilege to be involved with clinical and research work in the field of bipolar disorder for the last 20 years and I look forward to many more years of working closely with colleagues at Bipolar Scotland to provide ongoing support and education to individuals and families across Scotland and beyond.

I hope you find this guide useful and I wish you well for the future.

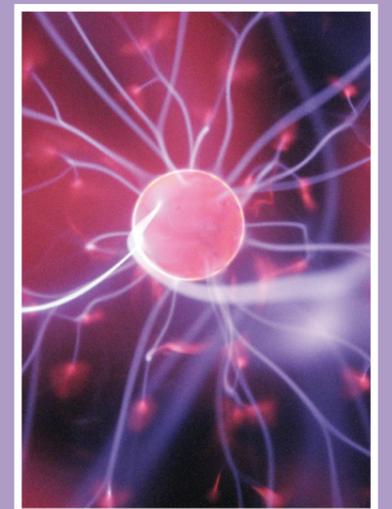
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WHAT IS BIPOLAR DISORDER?

Bipolar disorder, or bipolar illness, is a mood disorder which affects 2-3% of the population at any given time. It affects genders equally. It is characterised by extreme mood swings ranging from depression to mania, often with prolonged periods of stability in between.

those affected by bipolar 2. With bipolar 1, the person will experience the full range of symptoms of mania and depression. With bipolar 2, the more extreme symptoms of mania are absent although the less severe symptoms known as hypomania will occur, as will the full range of depressive symptoms.

Onset is often in adolescence or early adulthood, although diagnosis later in life is also common. Bipolar illness is often split into two diagnoses: bipolar 1 and bipolar 2. It can take on average 10 years to be diagnosed from onset of symptoms for

Moods are best viewed as a spectrum with severe depression at one end and extreme elation at the other. Within that spectrum, most people will find themselves within the middle range at any given time.



WHAT ARE THE SYMPTOMS?

During a manic phase (high) of the illness people experience a range of symptoms including:

- Extremely happy and excited / elated
- Increased activity
- Excessive energy
- Reduced need for sleep/unable to sleep
- Reduced appetite
- Euphoric feelings and a sense of extreme wellbeing
- Extreme irritability and more critical of others
- Poor judgement with impulsive, unusual decisions
- Numerous plans and ideas
- Fast, pressurised speech
- Racing thoughts
- Poor concentration and easily distracted
- Increased libido
- Lack of insight
- Grandiose and unrealistic plans
- Overspending
- Loss of inhibitions

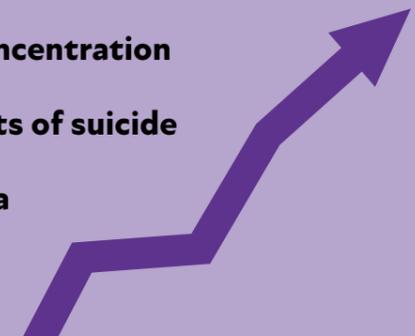


Sometimes symptoms become so severe that psychosis develops. Symptoms may then include hallucinations (hearing, seeing and otherwise sensing things which are not there) and delusions (strongly held beliefs not influenced by logical

reasoning or explained by a person's usual cultural concepts). In mania this may mean believing that you are on a special mission or that you have special powers and abilities.

During a depressive episode people experience a range of symptoms:

- Feelings of sadness, hopelessness and emptiness
- Reduced energy and constantly feeling tired
- Sleep disturbances including sleeping too much or waking early
- losing interest and enjoyment in things
- Restlessness and agitation
- Feeling guilty, inadequate and worthless
- Loss of confidence and self esteem
- Irritability
- Appetite and weight changes
- Difficulty making even simple decisions
- Loss of motivation
- Avoiding social contact
- poor concentration
- Thoughts of suicide
- paranoia



Depression can give rise to psychosis also. During depression this may mean believing that you are uniquely guilty, that you are worse than anybody else or even that you don't exist. Variations on bipolar illness include rapid cycling and mixed states. Rapid cycling is defined as 4 or

more episodes in a year. In a mixed state, elements of both depression and mania or hypomania will be present at the same time. Between episodes the mood may return to normal or some residual symptoms may remain.

HOW CAN I BE SURE I HAVE BIPOLAR?

There is no brain scan or any other test that can diagnose bipolar illness. Diagnosis is made by history and examination by a psychiatrist.

Some conditions can resemble bipolar illness, so the diagnosis may not be easy and may take time. Schizophrenia and bipolar can be hard to tell apart, especially in the early stages. Certain personality disorders can resemble bipolar illness. In particular, people with emotionally unstable personality disorder,

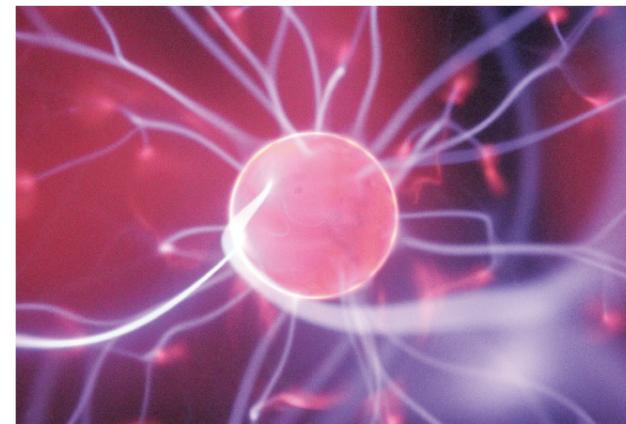
(sometimes called borderline personality disorder) can have mood swings but they tend to be much more sudden and can swing within hours or days.

If you are in doubt, talk to your specialist. You can ask for a second opinion. But don't be too worried if your specialist is not sure of the diagnosis. Sometimes it is better to wait and see what happens over time than to embark on treatment for an illness you don't have.

WHAT ARE THE CAUSES?

The causes of bipolar illness are not known for certain. Research suggests that bipolar disorder has a strong genetic component and that many hundreds of genes may be involved. Close relatives of someone with bipolar illness, such as children or siblings, are around 5-10% more likely to develop bipolar illness. For identical twins, where one has bipolar disorder, the other twin has a risk of about 70% of also having bipolar disorder.

There may be a physical problem with the brain systems that regulate mood and behavior. This could involve neurotransmitters such as serotonin and dopamine, and hormones such as cortisol. Recent research suggests that bipolar disorder may be caused by disruption in the way that daily rhythms of sleep and activity are regulated by the brain.



There is some evidence that a stroke can trigger an episode of mania. So it is important to check for evidence of strokes in older people who develop mania for the first time.

Environment and upbringing may also play a part. First and subsequent episodes may be triggered by stressful life events or physical illness. Research is ongoing into the causes of bipolar illness.

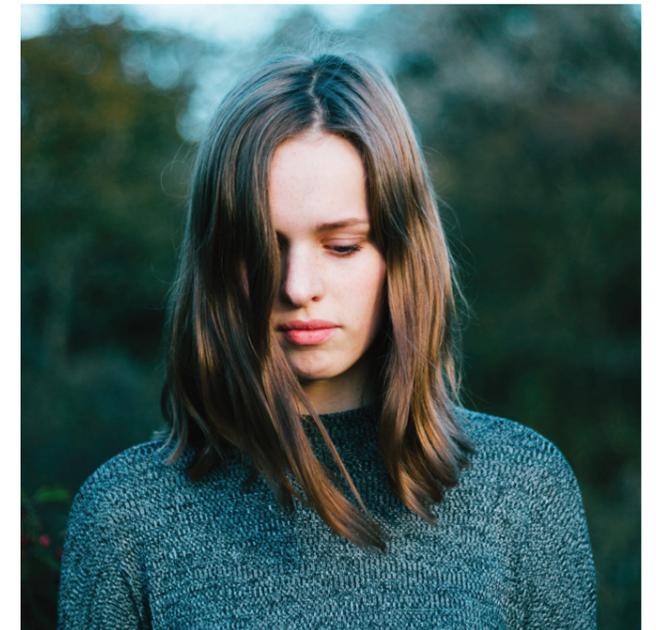
WHAT ARE THE TREATMENTS?

This section deals with treatment of acute episodes of illness. For treatments aimed at preventing relapse, see our section on staying well.

TREATMENT OF MANIA

The symptoms of mania can be helped by drug treatment and hospital care is often necessary to keep you safe. Before starting treatment for mania, it is important to stop anything that could make mania worse, such as an antidepressant drug.

Antipsychotic drugs such as olanzapine or quetiapine can help if your mood is seriously elated, and especially if you have psychotic symptoms. They have some side effects such as sedation, weight gain and “movement disorders”. They will usually only be prescribed for a short time. Lithium is more often used to reduce the risk of further episodes of illness but it can be effective in mania, either on its own or along with an antipsychotic drug. See the section on staying well for more information on lithium.



Semi-sodium valproate is also effective in controlling symptoms of mania. It can also cause weight gain and drowsiness. It is related to a drug used for epilepsy. There is some evidence that other anti-epileptic drugs can help in acute mania. Benzodiazepine drugs such as diazepam or lorazepam can be effective for overactivity and insomnia. They cause dependence so can only be used for short spells. They are often prescribed to be taken only when needed rather than regularly.

Finally, if mania is severe and does not respond to other treatments, electroconvulsive therapy (ECT) can help. See the section on treatment for depression for more on ECT.

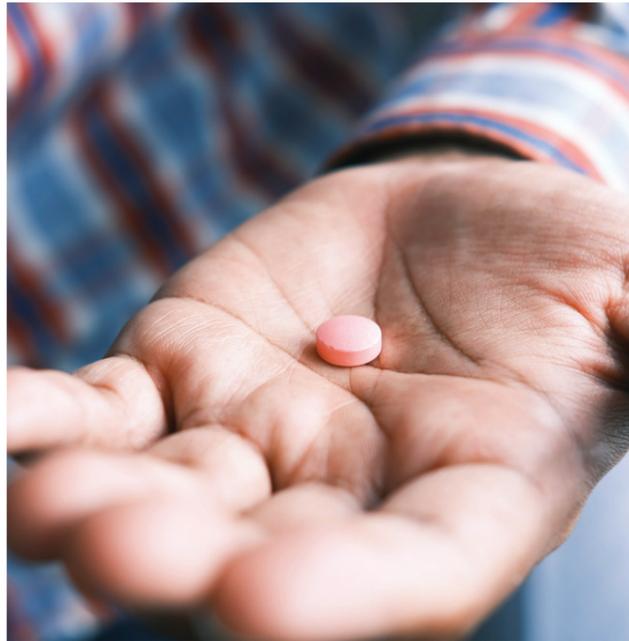
TREATMENT OF DEPRESSION

Depression can be harder to treat than mania and can be prolonged. There are many treatments available, so even if you find the first one or two treatments do not work, don't lose heart. Most people find a treatment or combination of treatments that work for them.

Mild depression usually does not need drug treatment. Diet, exercise, lifestyle changes to reduce stress and "talking treatments" give the best results. There are many talking treatments available. The most used treatment is *cognitive behavior therapy*.



Moderate to severe depression occurring as part of bipolar illness does not in general respond well to antidepressants on their own plus antidepressants should not be used long-term. Current recommendations are that bipolar depressive episodes are treated either with antidepressants (such as fluoxetine) in combination with mood stabilisers (such as olanzapine or lithium), or with quetiapine on its own, or lamotrigine on its own. If you are already taking lithium, it may be sufficient to increase the dose. This should always be done with the advice and support of your clinician.



PREVENTION OF RELAPSE

Lithium is the most effective treatment for preventing episodes of mania, hypomania and depression in people with bipolar disorder. It also reduces suicidal thoughts and behaviours. The most effective non-medication treatment for preventing relapse is group psychoeducation. This is usually delivered within a Community Mental Health Team but useful information on psychoeducation for bipolar disorder can be found at beatingbipolar.org

FIND OUT MORE

Your doctor, nurse or pharmacist can give you more information on drug treatments. There are lots of useful websites on drugs, their uses and side effects. NHS Choices has a useful guide to medicines nhs.uk For more information on ECT, try the Scottish ECT Audit Network: www.sean.org.uk. You will find a lot on the internet about people's personal experiences and views. Others' experiences are important, but it's much more important that you find out what treatment works for you.



I'M A CARER – WHERE CAN I GET HELP?

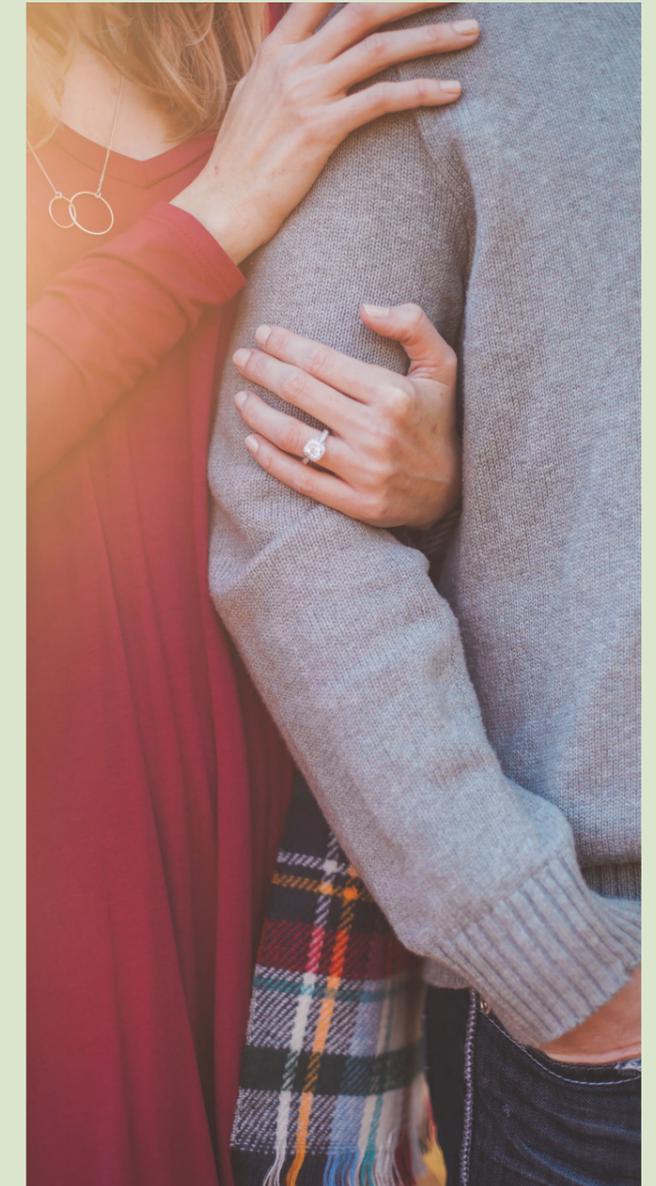
At Bipolar Scotland, we work to improve the lives of everyone affected by bipolar illness, directly or indirectly, including carers. Our self help groups are open to carers, and carers as well as people with bipolar illness sit on the Board of Directors. Usually there are other carers at self help groups who are able to empathise with your experiences and share their own.

The recommended reading on our website covers a wide range of relevant literature and includes books written by carers about their experiences. Contact us at bipolarscotland.org.uk 0141 560 2050

Other mental health organisations listed throughout and at the back of this booklet can provide information and advice. The following carers organisations may be of interest too: Carers Scotland 0808 808 7777 & Carers Trust carers.org 0300 123 2008. They can inform and advise on subjects such as Carers' Allowance. The website mentalhealthcare.org.uk is specifically for people who care for someone with psychosis and has very useful information. The Carers Trust also has websites for young carers matter.carers.org for age 16-25 and babble.carers.org for under 18s.



It's important that your life is not taken over completely by caring for someone with bipolar illness. Avoiding burnout is crucial. Try to keep up your own interests outside of your caring relationship. Make time to relax – it may seem difficult with all the other demands on your time but it's necessary and healthy. You could try some of the advice in the following section on general wellbeing.



Being a carer takes its toll emotionally. Try to find space to discuss your thoughts and feelings such as with a counsellor, in a carers group, in a bipolar self help group or to a trusted friend.

WHO CAN GIVE ME SUPPORT?

In addition to medication, support is available from a number of sources. GPs, psychiatrists and community psychiatric nurses are the main health professionals you may come in contact with.

Psychiatrists, specialist consultants in mental health, will usually discuss with you issues around medication and decide on the best types and doses for you. Good psychiatrists will work in partnership with you and take your feelings and wishes into account when making these decisions. If you are admitted to hospital you will be under the care of a psychiatrist.

GPs will prescribe the medication you require, as directed by your psychiatrist, and will look after wider health issues including any side effects you may be experiencing, as additional medication may be required. As you have bipolar illness, you are entitled to an annual health check from your GP. You may have to ask for this as not all surgeries send reminders.



Community psychiatric nurses (CPNs) are trained nurses specialising in mental health available to people with bipolar illness and other mental illnesses to provide additional support. There may be a waiting list before you are allocated a CPN. Your CPN may visit you in your home or you may go to a centre. They will give you an opportunity to talk about how things are going, provide you with information on what is available and advise you on the management of your condition. If you have a CPN, he/she is often your first port of call if you have any problems.

Other health workers may become involved in your care as required. An occupational therapist may help you with managing your condition including such activities as structuring your day. Support workers may help with getting out to activities and appointments and often have basic training in Cognitive Behavioural Therapy (CBT).



There may be group therapies available run by different workers such as art therapists. In some areas, peer support workers are available. They are workers with lived experience of a mental health problem. Their strength is that they will have had many similar experiences to you. Clinical psychologists, psychotherapists and counsellors are specialised workers usually requiring a referral from a GP or psychiatrist and availability varies across the country.

Many areas have a specialist team available to people experiencing an acute mental health crisis. This may be called the Intensive Home Treatment Team or a similar name. The purpose of the team is to try to prevent a crisis leading to a hospital admission. The team may also support people for a brief period when they come out of hospital to settle back at home and into the community again. The team will visit you frequently to monitor your condition and support you to manage at home. Usually a referral from another health professional such as your CPN is required to access the service. NHS 24 can be used at any time for advice and assistance with any medical problem including mental illness and problems arising from medication www.nhs24.com



Social work teams can help with a range of issues. Specialist social workers called *Mental Health Officers* are in post to help people with a mental illness who are detained under the *Mental Health Act*. Either in hospital or in the community, if the assistance of a social worker is necessary, your health workers can make a referral.

Voluntary organisations can be a valuable resource for people with bipolar illness. Bipolar Scotland is a good example of this and is the only Scotland wide organisation solely dedicated to improving the lives of people with bipolar illness and their carers, family and friends. A network of self help groups, supported by Bipolar Scotland, exists to support people with bipolar illness, their families, friends and carers. To find out if there is one near you contact Bipolar Scotland. bipolarscotland.org.uk 0141 560 2050



Many areas have a local association for mental health and there is a national organisation called the Scottish Association for Mental Health (SAMH) which provides a range of services, information and advice. samh.org.uk 0141 568 7000

Breathing Space and the Samaritans provide a listening ear and are especially useful outwith the usual working hours. breathingspace.scot 0800 83 85 87

samaritans.org 08457 90 90 90

A list of other organisations can be found at the end of this booklet.

WHAT ABOUT MY FAMILY AND FRIENDS?

Undoubtedly the greatest sources of support for people with bipolar illness at all stages of the illness are family and friends. It's easy to take those closest to us for granted but everything we go through, they go through with us. They will be experiencing a range of emotions as you try to come to terms with having bipolar illness. It can be difficult to accept the help we need from those we love and sometimes they want to help too much. How can we strike a balance and protect and strengthen those precious relationships?

INFORMATION:

You and your family and friends will all have questions about the illness and what will happen next. You can empower yourselves by getting as much good quality, reliable information as possible. Give them this booklet to read and request any further information you need from medical professionals, Bipolar Scotland bipolarscotland.org.uk 0141 560 2050 and other organisations. The details for these are at the back of the booklet. mentalhealthcare.org.uk is a website with good information for people caring for someone with a severe mental health problem.

COMMUNICATION:

Keep family and friends informed. Let them know of changes such as new medication, lifestyle changes and any symptoms you notice. Listen to their concerns and take them seriously. Don't assume that they know how you feel or you know how they feel – ask them. Be honest about how you feel and what you can manage. Remember that just because you have bipolar illness, life is not all about the illness and you are still the same person inside.

SELF HELP:

There is a lot to learn from those that have passed this way before. You can benefit from the experience of others with bipolar illness and their families and friends.

This is why a lot of people enjoy attending a *self help group*. Sometimes it is enough to find out that you are not alone. It can be a place to ask and answer questions that may be difficult to broach in other settings. Bipolar Scotland can put you in touch with a group near you bipolarscotland.org.uk 0141 560 2050

FORWARD PLANNING:

Many people have found that planning ahead when you are well for the times that you are unwell can make life easier for everyone. This may include making an *advance statement* and choosing a *named person*. These become effective if you are in hospital and are discussed in detail later in the booklet. Other practical steps can be agreed between you and your carers when well and put into effect when unwell. For example, if you are inclined to overspend when high, simple things like agreeing to give a trusted, close relative your credit and bank cards for safekeeping for a while can give peace of mind. You can also give someone you trust *Power of Attorney* to manage your money, property and some aspects of your personal welfare and medical treatment. This can be helpful if you become ill.



STIGMA:

Sometimes we will come across negative attitudes to mental health, sometimes even in ourselves and others close to us. Stigma can make it more difficult to accept that we have bipolar illness. Mental illness is no different to any other illness but because it affects our behaviour, people are sometimes wary. Education is the best way to tackle stigma and people are usually very interested to learn. "See me" is a national campaign to tackle stigma around mental health seemescotland.org.uk 0131 554 0218 Try to associate with people who have a positive outlook towards you and your bipolar illness.

CAN I WORK WITH BIPOLAR ILLNESS?

Many people ask when they are newly diagnosed "Will I ever get back to work?" or "Will I ever work again?" The answer to both these questions is that, with the right support, most people can work either in a paid or voluntary capacity. Work can be a very important component of recovery. It gives us a reason to get up and out, a structure to our day, social contact and an income. At its best it boosts our confidence and self esteem. On the down side, stress and long hours can be detrimental to our mental health. As well as managing day to day stress, it is important to look long term at the responsibilities of your job, the hours and your duties.

While many people will be able to carry on in their job without any problems, in some cases, a diagnosis of bipolar illness can mean that legally or practically you can no longer continue working in your present role. It may be that you need to change or reduce your hours or alter your duties or environment because of your illness, for example due to medication. In these circumstances you have rights under the *Equality Act* which replaced the *Disability Discrimination Act (DDA)* on the 1st October 2010. Employers are no longer allowed to discriminate against people with mental health problems and are required to make reasonable adjustments to enable people with mental health problems to work. These adjustments are made on an individual basis depending on the person's needs. SAMH provide advice and training on making reasonable adjustments and have produced helpful "solutions guides" aimed at employers. These can be downloaded at samh.org.uk or phone 0141 568 7000. Bipolar Scotland has also produced employee and employers' guides to bipolar illness available directly on 0141 560 2050 or at bipolarscotland.org.uk

If you are looking for work or changing your job, the question often arises "Should I tell prospective employers about my bipolar?" There are pros and cons and ultimately it is a personal decision. On the plus side telling your manager or human resources department means that you can enjoy the full benefits of the *Disability Equality Duties*. Fear of stigma can act as a disincentive but disclosure means not having to keep a secret and helps to challenge stigma. Some people wait until their employer has formed a good impression of their abilities before revealing their diagnosis. Withholding information when asked directly about your health at the recruitment stage can be used as grounds for dismissal and the *Equality Act* may not give full protection against this.

Under the 2010 *Equality Act* employers are not allowed to ask about an applicant's health, including whether the applicant has a disability, unless the enquiries are for particular permitted purposes. One permitted purpose might be to help select disabled people. Under the *DDA* a person had to have a substantial impairment but under the *Equality Duty* discrimination based on perception may be considered unlawful.



STAYING WELL

There are lots of things you can do to stay well and reduce the risk of further episodes. You may also need drugs to reduce the risk of further episodes.

SELF MANAGEMENT TECHNIQUES

As you learn more about your own particular pattern of bipolar illness, you will become better able to manage aspects of your life to prevent or minimise symptoms and improve your overall health. We call this self management of bipolar illness and it is practised successfully by many people across the country. This does not mean that you will not require treatment but is practised alongside any treatments you may be taking. The main components are:

INFORMATION AND ACCEPTANCE

In order to manage your condition it is vital that you accept that you have it and try to become well informed about it. This booklet is a good place to start. There is a lot of information on the internet of varying quality and reliability. Try to stick to websites of reputable organisations, many of which are listed throughout and at the end of this booklet. If you have questions that you are struggling with contact Bipolar Scotland where we may well have the answer or know where to get it info@bipolarscotland.org.uk 0141 560 2050

DIET

Eating regular nutritious meals and finding ways of achieving this, even when down or high and it is the last thing on your mind. Stabilising blood sugar helps to balance mood and many foods themselves have properties which impact positively on mood. Low levels of vitamins, minerals and essential

fatty acids can affect mental health also. Amanda Geary and Dr Liz Miller have written extensively on this and their books are listed as recommended reading on bipolarscotland.org.uk In general drinking six to eight glasses of water a day and maintaining a balanced diet with plenty of oily fish, fresh fruit, vegetables, nuts and seeds is recommended. Never skip breakfast and keep regular meal times. As a starting point, "The Mind guide to food and mood" has a useful booklet at mind.org.uk 020 8519 2122 Information can also be found at foodforthebrain.org 020 8788 3801

KEEPING FIT

It is recommended that adults should try to achieve 30 minutes moderate exercise 5 times a week. This sounds like a lot but includes things like housework, gardening and walking to the shops. Exercise has been shown to improve depression and is an effective way of burning off excess energy during elevated mood. As always, moderation is the key – too much exercise can be problematic too. Joining an exercise class, gym, walking group or similar is a good way to meet people. Exercise also helps with getting a good night's sleep.



SLEEP

A crucial factor in staying well is getting a good night's sleep. Episodes of mania and depression usually involve sleep disturbance of some sort. You may find it difficult to get to sleep, wake up frequently or early in the morning, sleep too much or not sleep at all. Establishing a good sleep pattern helps to prevent episodes of illness and any disturbances act as an early warning sign that your mood may be changing. A critical factor in sleeping well is sufficient exposure to morning daylight (especially in winter) and the avoidance of too much light in the evenings (eg, from computers or smartphones).

Good sleep hygiene is essential and advice on this is available from sleepcouncil.com. In general, avoid caffeine, alcohol and eating a heavy meal or exercising before sleeping. Create a calm environment in the bedroom, do a relaxing activity before bed and keep the same going to bed and getting up times. Mind has produced a very good booklet "How to cope with sleep problems" mind.org.uk 020 8519 2122 If you still find you are having trouble sleeping, see your doctor for more advice.

ALCOHOL/ STREET DRUGS

Alcohol and street drugs can cause problems in many ways. Cannabis has been shown to lead to serious mental health problems following long term use. The effect of many other drugs on mental health is unknown. Alcohol is a depressant and is likely to make things worse during a period of low mood. During a high mood, alcohol and drugs can lead to further disinhibition and impulsive, risk-taking behaviour. Alcohol and drugs can impair the effect of medication, exaggerate side effects and become more potent due to inter- action with medication. Reducing or cutting out the use of alcohol and street drugs will help you manage your illness.

IDENTIFYING TRIGGERS

It is possible to identify the kind of things that trigger off symptoms and episodes and by doing this we can avoid them or minimise their effect. Examples of common triggers are: sleep disturbances; work or study stress; relationship problems; physical ill health; holidays; childbirth; financial worries; being very busy; loneliness. Everyone has their own personal triggers, and some we can't avoid, such as bereavement.

What can we do? One way that many people have found useful of identifying triggers and their effects is by keeping a mood chart or diary. An example of a mood chart is enclosed with this booklet. If you keep a note of things that are happening as well as recording your mood, you can quickly see the effect of different situations on your mood. You may not be able to eradicate a trigger but you may be able to plan to manage it better. For example, if going on holiday is a trigger you may want to find out what it is about holidays that trigger symptoms and adapt your plans. Allowing a few days relaxation before and after may help too.

EARLY WARNING SIGNS

Early warning signs are your individual changes in behaviour or mild symptoms which indicate a changing mood state. Only you can determine which are relevant to you. Examples could be an increase in alcohol consumption; poorer sleep than usual; increased or decreased sociability; increased irritability. As you become aware of early warning signs you should also discuss them with your health professionals. Your early warning signs present an opportunity for you to act. You may have identified a trigger or there may not be a trigger. The important thing is to develop strategies to respond to your early warning signs. An example may be that you have identified that increased pressure at work has led to you having difficulty sleeping and becoming more irritable. Picking up on your early warning signs you have realised the cause and are

able to try new things at work and discuss with your manager ways to deal with the pressure. At the same time you might take up meditation or relaxation exercises. You can't eliminate the cause but you are being proactive to reduce its effects.



MANAGING STRESS

Stress is so common in our everyday lives that we are resigned to living with it. It is true that stress is unavoidable and some stress is necessary, but excessive stress is detrimental to our mental health. How do you know that there is too much stress in your life? As well as physical symptoms, other signs include: anger, depression, anxiety, changes in behaviour, food cravings, lack of appetite, frequent crying, difficulty sleeping, feeling tired and difficulty concentrating. It can be difficult to tell which symptoms are stress related and which are bipolar related. Again identifying the cause of the stress is the first step in tackling it. Diet, exercise, relaxation, deep breathing, sleep and stopping smoking can all alleviate the effects of stress.

MEDICATION

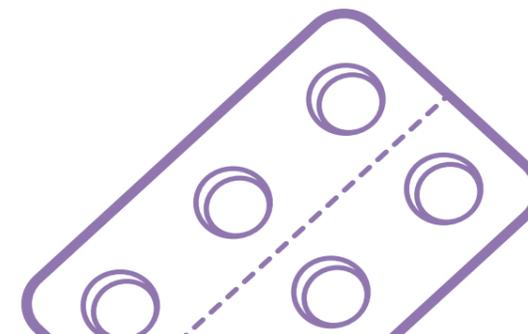
Even with best self-management techniques, there is a risk of further episodes of mania or depression. The decision on whether or not to use drugs to reduce the risk of further episodes is complex. It depends on how

many episodes you have had, how often they were, how severe they were and how well you are able to tolerate the drugs that may reduce the risk of more episodes. You need to have a discussion with a specialist to make this decision.

Lithium is the drug most often used to reduce the risk of further illness. It is usually taken once a day. It is important to keep a steady blood level and you will need regular blood tests. Once you are established on lithium, you will only need a blood test once every three months. Many people find it prevents episodes of illness, but you must take it regularly. Feeling thirsty, drinking more and having to pass urine more often are common side effects. You might also find a slight hand tremor and may put on weight.

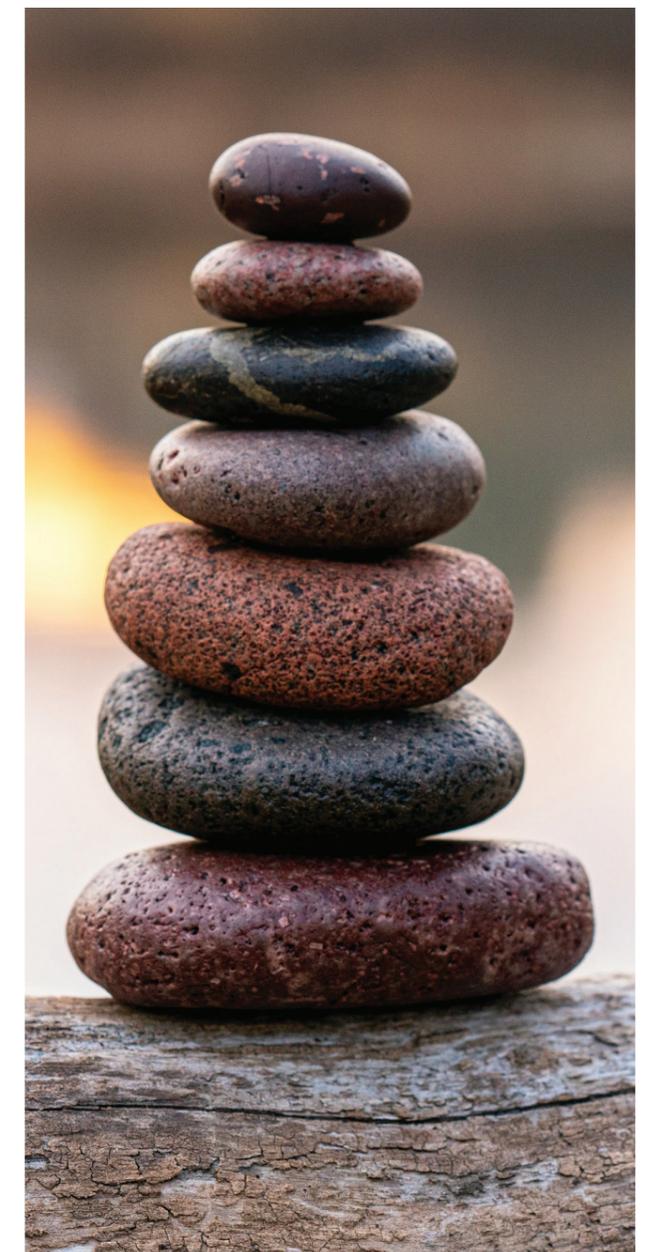
Lithium can interact with some other drugs, so always check with your doctor or pharmacist before taking any other medication. If the blood level goes too high, you may have sickness and diarrhoea, a severe tremor, loss of balance and confusion. If this happens, you must get medical attention straight away. Valproate and anti-epileptic drugs can also help prevent illness for some people, although valproate should not be used by women of child-bearing potential because of risks to the child. Also, if you have only mostly manic episodes then antipsychotic drugs can be helpful in prevention. Likewise, if you have mostly depressive episodes then you might find long-term antidepressant medication helpful.

None of these treatments are addictive. But you can become unwell if you suddenly stop any of these drugs. If you want to come off medication, take time to think about the risks and discuss your decision with specialists.



COMPLEMENTARY THERAPIES

While there is no conclusive evidence to show how complementary therapies may help bipolar illness, some people find them beneficial. *Complementary therapies* will not cure bipolar illness but may help your wellbeing generally. If you decide to try a complementary therapy, things to consider are: what does the treatment involve, what does it cost and is the therapist qualified. Check with your doctor that the therapy you have chosen is suitable in conjunction with any medication you are taking. Depending on what the therapy consists of, you may have to tell the therapist what medication you are taking.



AM I ENTITLED TO WELFARE BENEFITS?

If you are in work and your employer has no sick pay scheme, you can claim Statutory Sick Pay for periods when you are unable to work due to illness.

If you need to travel for medical appointments related to your mental health, you can apply for a concessionary travel pass through your local council. If you receive disability benefits you may be entitled to a companion card which allows someone with you a concessionary travel rate.

In addition to Council Tax and Housing Benefit, assistance is available in some circumstances with mortgage interest payments while you are out of work. Local money advice centres and Citizens Advice Bureaux can assist with applying for benefits.

Social Security Scotland is the new benefits agency delivering certain benefits which have been devolved to Scottish Government. These benefits are:

Best Start Grant Pregnancy and Baby Payment – one off payment of up to £642.35 from 24 weeks in pregnancy up until a baby turns 6 months for families who get certain benefits.



Best Start Grant Early Learning Payment – one off payment of £267.65 when a child is between two and three years and six months for families who get certain benefits.

Best Start Grant School Age Payment – one off payment of £267.65 when a child would normally start primary one for families who get certain benefits.

Best Start Foods – a pre-paid card from pregnancy up to when a child turns three for families on certain benefits to help buy healthy food.

Carer's Allowance Supplement – an automatic payment made twice a year to people who get Carer's Allowance through the DWP on certain dates each year.

Funeral Support Payment – money towards the costs of a funeral at a difficult time like this for people on certain benefits who are responsible for paying for a funeral.

Job Start Payment – £267.65 for 16 to 24 year olds who have been on certain benefits for six months or more to help with the costs of starting a job.

Young Carer Grant – an annual payment of more than £326.65 for people 16, 17 or 18 who care for people who get a disability benefit from the DWP for an average of 16 hours a week or more.

Child Winter Heating Assistance – a £214.10 payment to help families of a child on the highest rate care component of Disability Living Allowance for Children to heat their homes.

Scottish Child Payment – a new, unique to Scotland, benefit that will give qualifying parents and carers £80 every four weeks to help towards the costs of looking after each child under 6. It is planned to be fully rolled out to children under the age of 16 by the end of 2022.

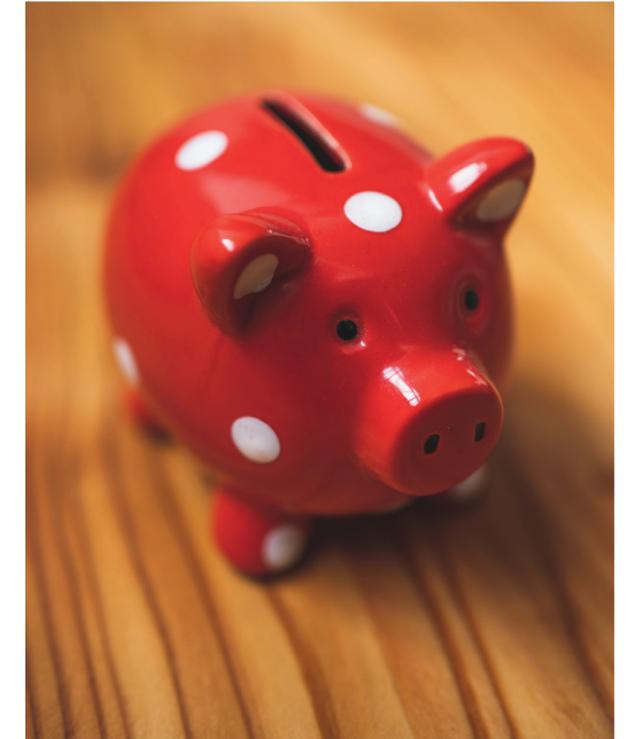
Child Disability Payment – a payment providing extra money to help with the costs of caring for a child with a disability or ill-health condition. It replaces Disability Living Allowance for children in Scotland that was previously delivered by the Department for Work and Pensions.

Adult Disability Payment – a payment providing extra money to help people who have a long-term illness or a disability that affects their everyday life. It replaces Personal Independence Payment people in Scotland previously delivered by the Department for Work and Pensions. Adult Disability Payment has opened for applications in the pilot areas of Dundee, Perth & Kinross, the Western Isles, Angus, North Lanarkshire and South Lanarkshire. This will be followed by a gradual national rollout beginning on 29 August 2022.

Universal Credit
Universal Credit is a UK-wide benefit reserved to the UK Government. It is a single monthly payment that's replacing the following six benefits:

income-related Employment and Support Allowance (ESA)
income-based Jobseeker's Allowance (JSA)
Housing Benefit
Working Tax Credit
Child Tax Credit
Income Support

The roll-out of Universal Credit for new claims was completed in December 2018. The Department for Work and Pensions has stated that they aim to have everyone currently receiving one or more of the older benefits listed above switched to Universal Credit by the end of 2024.



Scottish choices

The Universal Credit Scottish choices give people living in Scotland the option of:

being paid Universal Credit twice a month rather than monthly

having their Universal Credit housing element being paid directly to their landlords

The Universal Credit Scottish choices have been available to people making new claims in full service Universal Credit areas since 4 October 2017, and were extended to everyone receiving Universal Credit from 31 January 2018. The Department for Work and Pensions deliver the Universal Credit Scottish choices on behalf of Scottish Government.

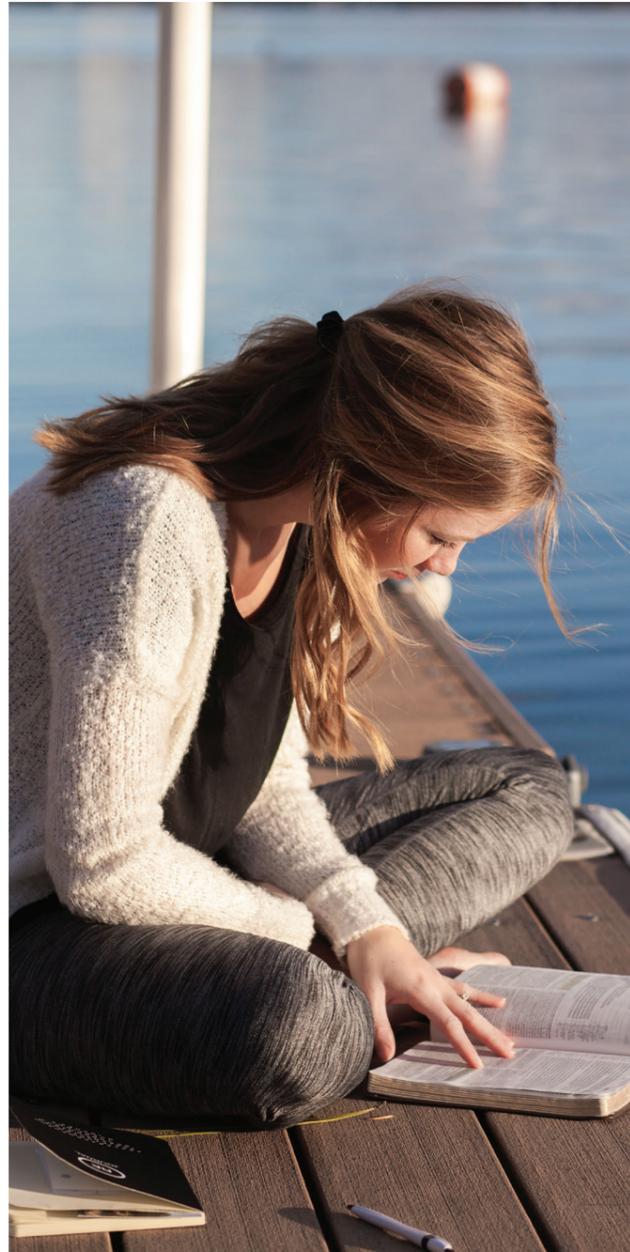
For more information about the Universal Credit Scotland Choices please use this link. www.gov.scot



CAN I GET HELP WITH STUDYING?

If you are planning to attend college or university the *Equality Act 2010* requires education providers to make reasonable adjustments to ensure disabled students can participate equally in student life. By contacting your college or university as early as possible, where possible before you start, they can work with you to put adjustments and support in place so that you can have the best possible experience of student life.

SAMH provide advice on making reasonable adjustments and a “solutions guide” on this aimed at education providers which can be downloaded at samh.org.uk **0141 568 7000** Support will be available from Student Services and the Students’ Association. They can advise you about eligibility for Disabled Students Allowance and how to apply.



You may be able to access a Student Health Service or Counselling Service, or there may be links with local health services and counselling providers. Service structures vary between institutions, but you can find out what is available where you are by visiting the Students’ Association. Support and information is also available from the **National Union of Students (NUS)**. NUS Scotland hosts the “Think Positive” programme, which consists of a number of mental health projects. Find out more at nus.org.uk **0131 556 6598**



CAN I STILL DRIVE?



The DVLA require notification of medical conditions. They will decide whether or not you can continue to drive based on the details you give on an M1 form and on information from your GP or consultant.

Traffic Act does not differentiate between illegal and prescribed drugs. Driving while your ability is impaired by prescribed medication could lead to an accident and/or a conviction.

You can download the form from gov.uk You may be able to keep your licence or it may be issued for a period of 1, 2 or 3 years or at worst it may be revoked. A D100 information booklet is available from the Post Office with more information. You should also inform your insurance company. If you do not, you may find you are not insured if you have an accident related to a medical condition you did not declare.

You should discuss driving with your doctor. During episodes of mania or major depression, you should not drive. It might be best to give your car keys to someone you trust so that you are not tempted to drive.

If your driving is affected by your medication **DO NOT DRIVE**. The Road

After you have recovered from an acute episode of mania or depression, you should be able to drive again. How soon you can drive depends on the advice from your doctor, based on guidelines from the DVLA. You can find their latest advice on the DVLA website gov.uk

WHAT WILL HAPPEN TO MY INSURANCE PREMIUMS?

Many people have found that life assurance, and travel and car insurance are more expensive, have exclusions or are denied because of having bipolar illness.

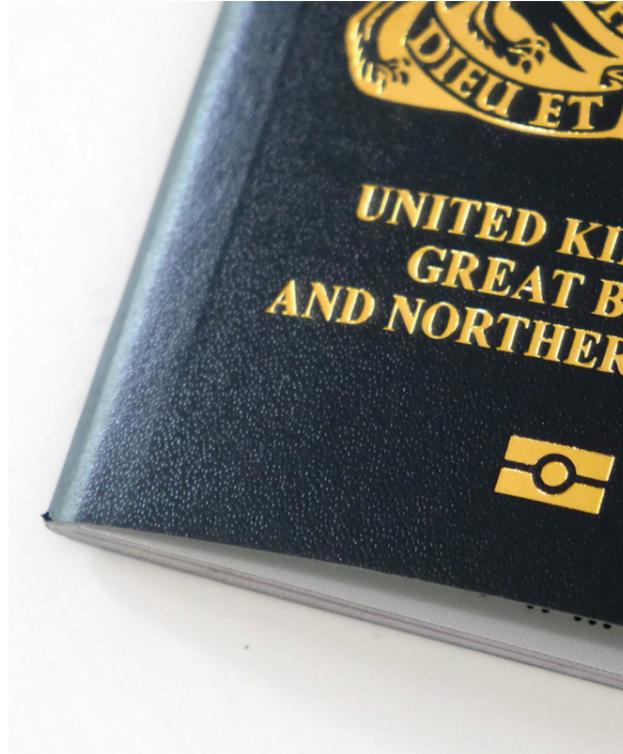
Different companies have different policies and practices and there are some who will give comprehensive cover at a competitive price. It very much depends on your own individual circumstances but the experience of Bipolar Scotland is that it pays to go to a specialised insurer. Some are better for bipolar illness than others and it very much depends on your own individual circumstances. Contact Bipolar Scotland for more information bipolarscotland.org.uk **0141 560 2050**



WHAT ABOUT HOLIDAYS?

If you have a European Health Insurance Card which entitles you to reciprocal state health care in EU and some additional countries this is still valid post-Brexit. From 1 January 2021, the European Health Insurance Card (EHIC) is being replaced with the UK Global Health Insurance Card (GHIC) for all EU countries. Both are valid if you are visiting an EU country.

This can be easily obtained by applying online at [nhs.uk](https://www.nhs.uk) or phone 0845 605 0707. This is not a substitute for comprehensive travel insurance. It is important to tell your insurers about your diagnosis or you may find when you make a claim that you are not covered.



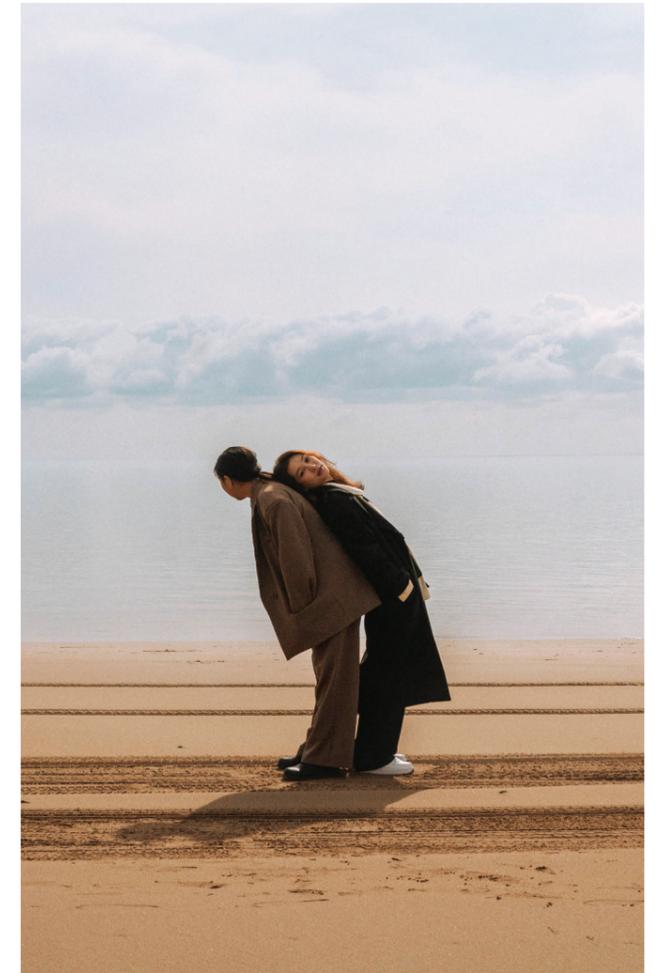
Holidays are often stressful as well as enjoyable. Try to use good judgement to decide before you go whether you are well enough to travel. Plan ahead, making sure you have enough medication to cover the whole trip. Use self-management techniques to keep well while you are away. Some people with bipolar find that big time zone shifts can bring on an episode of mania or depression. This won't necessarily happen, but you should be aware of the possibility. Also, if you are on lithium and you travel to a hot country, make sure you keep drinking plenty of water and keep up a reasonable salt intake. Dehydration can cause your lithium level to rise.



SEX, RELATIONSHIPS AND PREGNANCY

A recognised symptom of bipolar illness is the effect of a high or a low on your sex drive. People may become highly sexed during a high, taking risks with multiple partners or simply wanting a great deal more sex than usual. Conversely, during a depression people may lose interest in sex or any physical contact altogether. This can put a strain on intimate relationships. It may be difficult to do but talking to your partner while you are well about how you feel at these times can help. You can put in place mechanisms to cope and your partner may be more receptive and understanding when given the chance to talk.

Having bipolar illness should not be a barrier to having children. At the earliest opportunity, before you start trying for a baby, you should talk things over with your doctor, psychiatrist and Community Psychiatric Nurse if you have one. If you are taking medication, adjustments may have to be made or the medication withdrawn altogether.



These changes may raise your risk of a relapse either during pregnancy or after giving birth. You will need to observe closely for any early warning signs and take action quickly to prevent relapse. The support of family and friends will be crucial during this time. For more information please read the Bipolar Scotland booklet entitled Bipolar Illness and Pregnancy or ask your health professionals.

If the mother takes certain medications during the first three months of pregnancy, there is an increased risk to the unborn child. Good family planning advice and effective contraception are important. If you think you are pregnant and are taking medication, especially lithium or valproate, contact your doctor as soon as possible.

WHAT WILL HAPPEN IF I GO INTO HOSPITAL?

You may already have had a stay in hospital or may have one in the future. Most admissions to hospital are voluntary and informal. If there are fears that your health has deteriorated to the extent that you or someone else may be at risk you may be detained under the *Mental Health (Care and Treatment) (Scotland) Act 2003*, commonly known as being “sectioned.”

Compulsory admission is usually under a short-term detention certificate. This can only be granted by a specialist psychiatrist. Also, a specialist social worker known as a mental health officer must agree. It can last for up to 28 days and gives your psychiatrist authority to treat you, but your psychiatrist can remove the certificate, or suspend it if you are getting better. You can appeal to the Mental Health Tribunal (call them on **01698 390000** to find out how) and you are entitled to free legal representation. If there is no time to get specialist assessment, you can be admitted urgently and given emergency treatment. A specialist will assess you before you receive any regular treatment. Also, a minority of people need to be treated further under mental health legislation, but this must be approved by the Tribunal. A small number of people need mental health treatment if they have been arrested or convicted of an offence.

The Mental Welfare Commission exists to ensure effective operation of the Mental Health Act and to protect the rights of people using mental health services. mwcscot.org.uk or Freephone **0800 389 6809**.

On the Commission’s website there are various leaflets on the Mental Health Act and the Adults with Incapacity Act, some of which are in a variety of languages and large print.

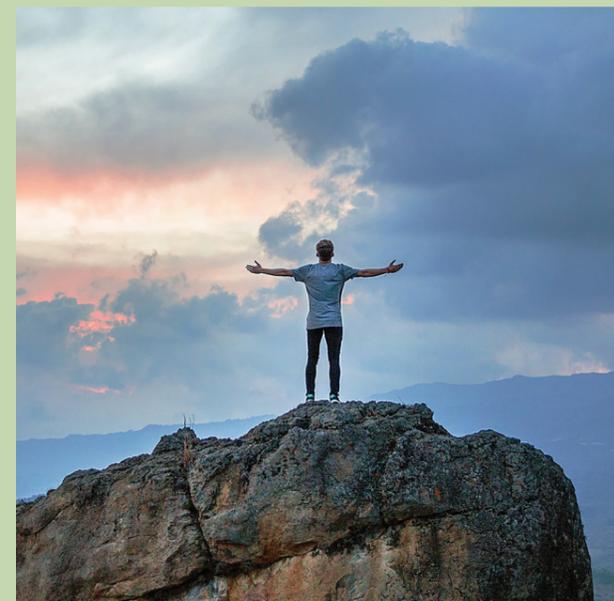
You have the right to prepare an advance statement when you are well which will then be taken into account when you are unwell. The statement should include details about which treatments work well for you, which don’t and which treatments you do not wish to have. You can also prepare plans for such things as childcare, pet care and who should be contacted if you have to go into hospital. Copies of your advance statement should be held by your GP, psychiatrist, CPN and any other relevant health professional, as well as your named person.



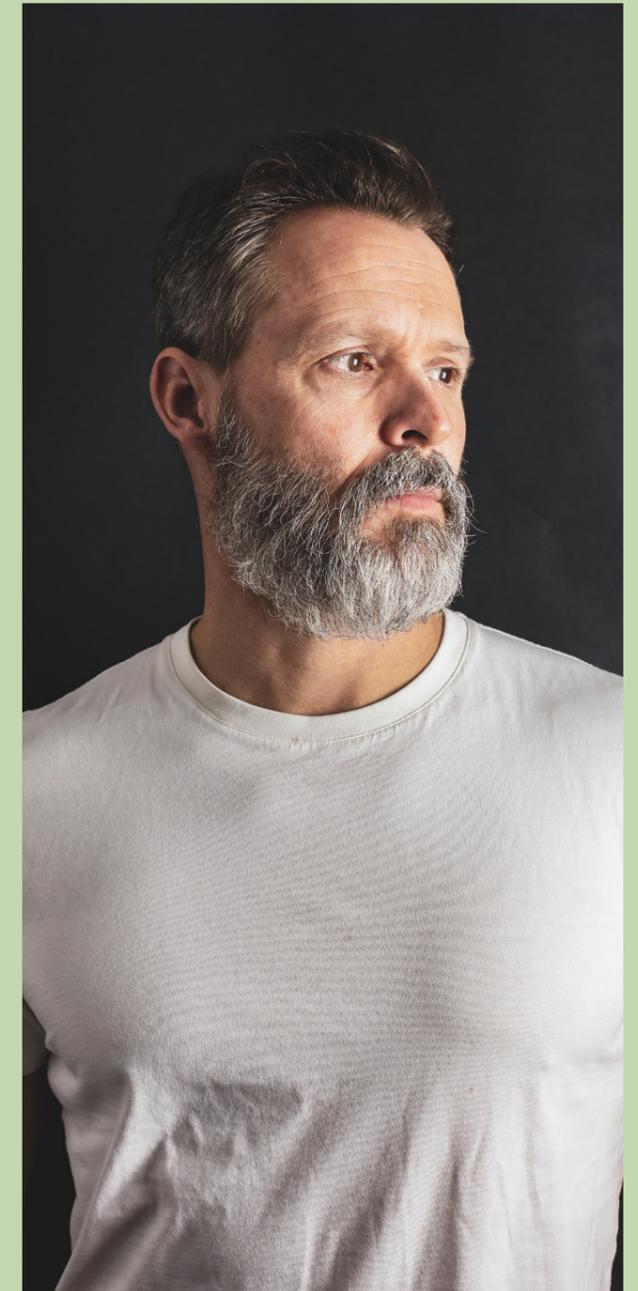
A named person is someone you nominate to receive information about your care and to have input into the decisions made about your care while you are in hospital. Choose your named person wisely. It does not need to be your next of kin but, if you do not specify a person, it will automatically be your “primary carer” or next of kin.

You also have the right to independent advocacy – someone to help you understand what is happening with your care and to support you to say what you want and make decisions. This will be someone who does not work for services such as health or social work. This can be really valuable during an episode when your symptoms can impair your usual abilities. Staff should be able to contact a suitable organisation to provide an independent advocate for you or you can contact the Scottish Independent Advocacy Alliance siaa.org.uk **0131 556 6443**. While in hospital you will have a named nurse who will be able to keep you informed about your care and answer any questions you may have.

You may not always be seen by your consultant psychiatrist but by other psychiatrists who work with your consultant. Your consultant though is ultimately in charge of your care. In meetings about your treatment, there may be many people present you do not recognise e.g., occupational therapists. It is your right to ask any questions such as who they are and why they are there. The meetings are also an opportunity to ask questions about your condition and care and to tell the team anything you think they need to know.

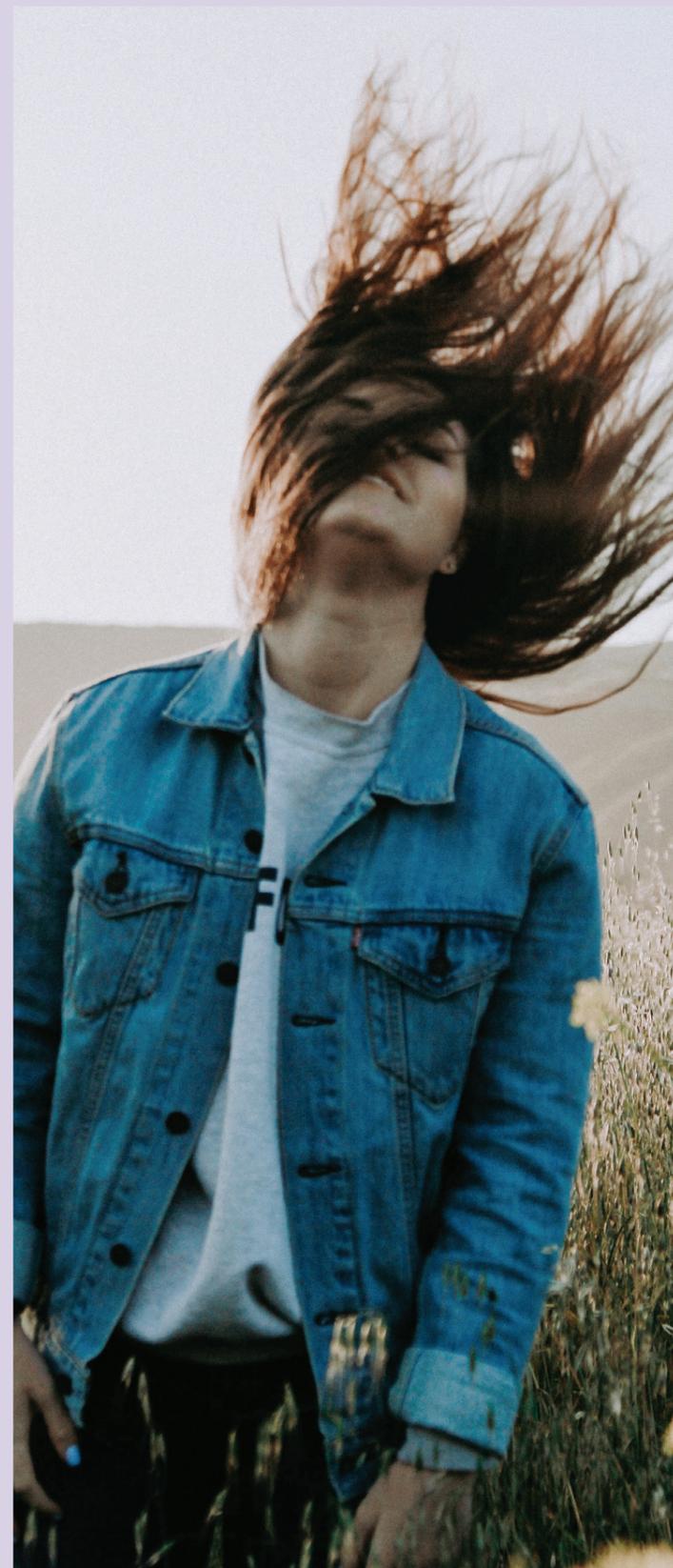


As you get better you may be able to leave the hospital for periods of time known as passes. These are an opportunity to ease yourself gradually back into your life outside the hospital.



When you are discharged, there may be a specialised team of people to help you settle back at home, but if there is not, ask what support you will receive during this transition period. If you have been accessing community services these should come back into effect and it is important that you are seen by a worker very soon after you return home.

MOOD SCALE TALKING IN NUMBERS



| | | |
|-----------|--|----------------------------|
| 10 | Total loss of judgment, exorbitant spending, religious delusions and hallucinations. | |
| 9 | Lost touch with reality, incoherent, no sleep, paranoid and vindictive, reckless behaviour. | Mania |
| 8 | Inflated self-esteem, rapid thoughts and speech, counter-productive simultaneous tasks. | |
| 7 | Very productive, everything to excess (phone calls, writing, smoking, tea), charming and talkative. | Hypomania |
| 6 | Self esteem good, optimistic, sociable and articulate, good decisions and gets work done. | |
| 5 | Mood in balance, no symptoms of depression or mania. Life is going well and the outlook is good. | Normal Mood |
| 4 | Slight withdrawal from social situations, concentration less than usual, slight agitation. | |
| 3 | Feelings of panic and anxiety, concentration difficult and memory poor, some comfort in routine. | Moderate Depression |
| 2 | Slow thinking, no appetite, need to be alone, sleep excessive or difficult, everything is a struggle. | |
| 1 | Feelings of hopelessness and guilt, thoughts of suicide, little movement, impossible to do anything. | Severe Depression |
| 0 | Endless suicidal thoughts, no way out, no movement, everything is bleak and it will always be like this. | |



THE BEAM MOOD CHART

The Beam Mood Chart has a second page which allows you to record thoughts, feelings and events. For more on this see [Bipolar Scotland's Mood Monitoring booklet](http://BipolarScotland.org.uk) at bipolarscotland.org.uk

Name _____ Month _____ Year _____ **BEAM**

| DAYS | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-----------------------------|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| ELEVATED | Severe Significant impairment Not able to work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate Significant impairment Able to work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mild Without significant impairment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NORMAL | NORMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mild Without significant impairment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate Significant impairment Able to work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPRESSED | Severe Significant impairment Not able to work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Anxiety 0=None 1=Mild | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Irritability 2=Moderate 3=Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weight on day 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours slept | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication (name/mg) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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MENTAL HEALTH ORGANISATIONS

Across the country there are many local associations for mental health and other small mental health projects. They can be a great source of support and advice. National organisations such as Bipolar Scotland, Scottish Association for Mental Health, Support in Mind Scotland, Action on Depression and Penumbra have information, training and other services that can be accessed. Self-help groups for people with bipolar illness are also available. Contact Bipolar Scotland or visit their website to find one in your area.

Bipolar Scotland
T: 0141 560 2050
W: www.bipolarscotland.org.uk
E: info@bipolarscotland.org.uk

Scottish Association for Mental Health
T: 0141 530 1000
W: www.samh.org.uk
E: enquire@samh.org.uk

Support in Mind Scotland
T: 0131 662 4359
W: www.supportinmindscotland.org.uk
E: info@supportinmindscotland.org.uk

Penumbra
T: 0131 475 2380
W: www.penumbra.org.uk
E: enquires@penumbra.org.uk

Helplines

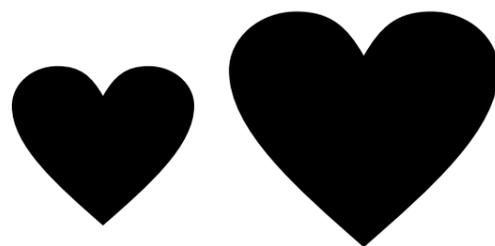
Helplines can be very useful in times of crisis when everything seems overwhelming. Don't hesitate to phone one of these numbers – it's always best to talk about how you are feeling than to bottle things up.

Breathing Space: 0800 838587

Samaritans: 08459 09090

Saneline: 08457 678000

SHOUT: Textline 85258



ACKNOWLEDGMENTS

We would like to show our appreciation to everyone who provided their expertise to produce and update this guide.

Professor Daniel Smith - Chair of Psychiatry and Head of Division of Psychiatry The University of Edinburgh

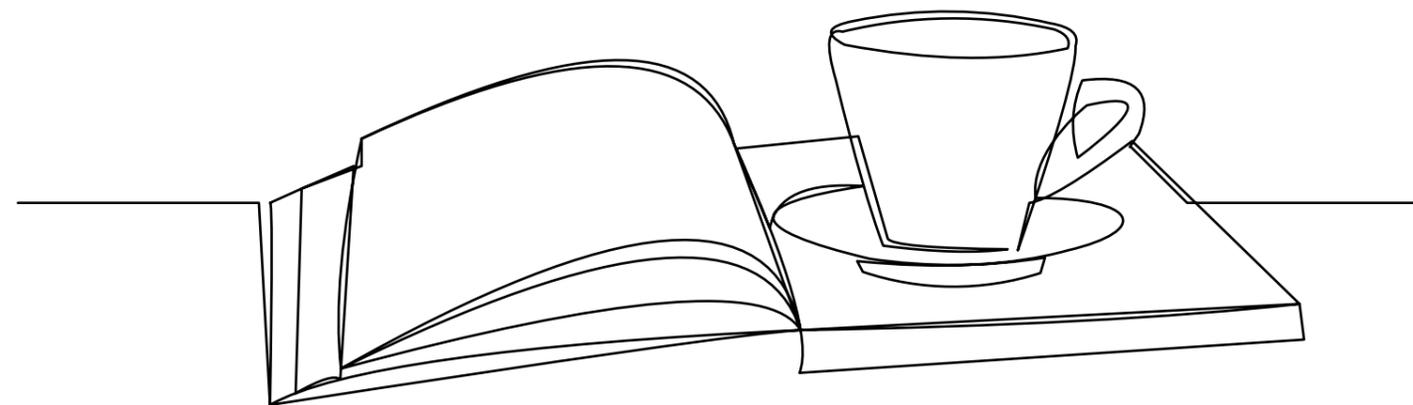
Dr Donald Lyons

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Karen Martin

Edited by Jamie Stewart



GLOSSARY

Terms in italics are explained here.

Adults with Incapacity Act: this Act provides ways to manage the money, welfare and property for individuals who lack the capacity to do it themselves. When well, you can make a statement setting out what treatment you would and would not like to have in future. If you become ill and can't make decisions, anyone treating you must take your advance statement into account. See the Scottish Government's short guide to advance statements at scotland.gov.uk or see Bipolar Scotland's guide to Advance Statements.

Borderline personality disorder: see *emotionally unstable personality disorder*

Clinical psychologists: health professionals who have specialist training in psychological therapies in ways that help reduce distress and enhance psychological and physical wellbeing. They work with people who have experienced a wide variety of mental health problems.

Cognitive Behavioural Therapy (CBT): a form of "talking treatment" that helps by changing the way the individual thinks. By helping the individual identify automatic negative thinking and finding more positive ways to think, it has been shown to treat mild to moderate depression.

Community psychiatric nurse (CPN): psychiatric nurse based in the community rather than a psychiatric hospital. They form an integral part of community mental health teams. They are often patients' key workers within the NHS mental health system and are often the first port of call for further referrals to psychiatrists, psychologists or other mental health professionals. Community psychiatric nurses mainly visit people in their own homes but they also see people in other settings such as GP surgeries or the community mental health team base. Community psychiatric nurses are fully trained psychiatric nurses who have experience working in a psychiatric hospital or ward.

Complementary therapies: treatments which claim to ease a range of mental and physical ailments which are outside of conventional medicine. They include acupuncture, reflexology and Reiki.

Equality Act 2010: this act makes it unlawful to discriminate on the basis of "protected characteristics", including age, gender and disability. You can find out more here: equalityhumanrights.com



Emotionally unstable personality disorder: a condition where the individual feels emotion more deeply and intensely than others. This can lead to rapid swings of mood and, in some cases, self-harm. It can be mistaken for bipolar disorder (and vice-versa).

Mental Health Act: full name is the Mental Health (Care and Treatment) (Scotland) Act 2003. This is an important Act. Under this Act, you can be detained in hospital and/or given compulsory treatment. But the Act also gives you certain rights, e.g. advocacy, advance statements and right of appeal. For more information, see the Scottish Government's short guide at scotland.gov.uk

Mental Health Officers: these are social workers who have special training and experience in mental health and learning disability. They have a number of duties under mental health and incapacity law.

Movement disorders: some people who take antipsychotic drugs find difficulty with movement. You might find your movements are slow with muscle stiffness and tremor. You can also find yourself restless. These side effects can be helped by reducing the dose or by giving other medication as an antidote. In the long term, a small number of people develop movements they can't control, usually around the mouth and

tongue. If the drug is stopped, this may get worse for a while but should eventually improve. Your care team will watch carefully for this problem if you are on long-term antipsychotic drug treatment.

Named Person: you can nominate someone to be your named person under the Mental Health Act. This person has the right to be involved and consulted about your treatment. In some cases, your named person can appeal against compulsory treatment.

Permitted Work: if you are getting Employment and Support Allowance and other benefits because of an illness or disability you may be able to do some types of work within certain limits. This is called 'permitted work'. The idea of permitted work is that it allows you to test your own capacity for doing some work and perhaps gain new skills. To help make this possible earnings under permitted work are ignored in the benefit calculation, up to a limit set annually.

Personality disorders: your personality forms during your childhood and adolescence. Some people enter adulthood with patterns of thinking and behaviour that cause difficulties for themselves and others. For example, some people are excessively paranoid or obsessional. These traits tend to be present all the time, unlike bipolar illness which occurs in episodes.

Power of Attorney: this is someone you appoint to manage your money, property and welfare if you become unable to do this yourself. There is useful information here: publicguardian-scotland.gov.uk

Psychiatrist: A doctor who works in psychiatry is called a psychiatrist. Unlike other mental health professionals, such as psychologists and counsellors, psychiatrists must be medically qualified doctors who have chosen to specialise in psychiatry. This means they can make a diagnosis, prescribe medication as well as recommend other forms of treatment.

Schizophrenia: a mental illness where thinking and perception are worst affected. People with schizophrenia may have

delusions (fixed, false beliefs out of keeping with their culture) or hallucinations (usually hearing voices that are not real). Unusually high or low mood can also occur, making it sometimes difficult to tell apart from bipolar illness.

Self help groups: support groups where people with a common interest such as bipolar come together to discuss relevant issues and help each other through listening and sharing, open to people with the diagnosis as well as their loved ones.

Self management: self help techniques which use forward planning and lifestyle changes to allow people to better manage their illness.

Sleep hygiene: habits and good practice which can improve sleep such as not having TV in the bedroom, cool temperature for the bedroom and not eating or exercising too close to bedtime.



Voluntary organisations: independent organisations which work on a not for profit basis, many of which are charities such as Bipolar Scotland.

After reading through this booklet, you may still have questions you want to ask. It is not possible to cover every situation in a booklet. At Bipolar Scotland we welcome questions via our website or telephone. We will do our best to answer those questions and if necessary will signpost to other services. If you have bipolar illness or you care for someone who does, make us your first stop bipolarscotland.org.uk or 0141 560 2050.



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