Bipolar: The Essential Guide

Bipolar Scotland

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What is bipolar?

Bipolar is a mental illness estimated to affect around 2–3% of the population. It is a mood disorder, which means that people living with bipolar experience episodes of significantly high mood (mania or hypomania) and low mood (depression).

We all experience changes in our mood – that's a normal part of life. With bipolar, these changes are **more significant** and can have a **substantial impact** on a person's thoughts, feelings, behaviour and everyday life.

Bipolar **doesn't affect everyone in the same way**. People can experience differences in how often mood episodes happen, how long they last and what may trigger them. There are also **different types** of bipolar.

Bipolar type 1

- People with bipolar 1 experience episodes of mania. They may also experience episodes of depression, although this is not required for a diagnosis.

Bipolar type 2

- People with bipolar 2 experience episodes of hypomania and depression.

Cyclothymia

- People with cyclothymia experience frequent periods of high and low mood, with symptoms that do not meet the diagnostic criteria for mania or depression.

Rapid cycling

- Some people with bipolar 1 or bipolar 2 experience rapid cycling. This means experiencing four or more mood episodes within a 12-month period.

Importantly, having bipolar does not mean constantly moving between highs and lows. People can experience periods of stable mood between episodes, sometimes referred to as **euthymia**.

Bipolar also affects **more than mood**. During an episode, people can experience significant changes in their energy levels, sleep, thinking, concentration and behaviour.

The Bipolar Mood Scale

10.
Total loss of judgement, excessive spending, delusions and hallucinations.

9.
Lost touch with reality, incoherent, no sleep, paranoid, reckless behaviour.

8.
Inflated self-esteem, rapid thoughts and speech, taking on too many tasks.

7.
Very productive, everything to excess, charming & talkative.

6.
Self-esteem good, optimistic, sociable and articulate, good decisions, getting work done.

5.
Mood in balance: no symptoms of depression or mania. Life is going well.

4.
Slight withdrawal from social situations, concentration worse than usual, slight agitation.

3.
Feelings of panic and anxiety, concentration difficult and memory poor, some comfort in routine.

2.
Slow thinking, no appetite, need to be alone, sleep excessive or difficult, everything a struggle.

1.
Feelings of hopelessness and guilt, thoughts of suicide, little movement, impossible to do anything.

0.
Endless suicidal thoughts, no way out, believing it will always be like this.

Mania

Hypomania

Normal Mood

Depression

Severe Depression

What are the symptoms?

Mania and hypomania

When you experience mania or hypomania, you may notice changes in how you usually feel, think or behave, as well as changes in your energy and sleep.

These changes can include:

- Feeling extremely happy, excited or euphoric.
- Increased talkativeness or feeling a strong need to keep talking (sometimes described as pressured speech).
- Having much more energy than usual.
- Feeling more productive or creative.
- Needing much less sleep, or not sleeping at all.
- Feeling unusually irritable, agitated or anxious.
- Acting more impulsively.
- Racing thoughts or thoughts moving very quickly.
- Having lots of new ideas, plans or ambitions.
- Finding it difficult to concentrate or being easily distracted.
- Giving less consideration to risks or potential consequences.
- Losing social inhibitions – saying or doing things that are out of character.
- Spending significantly more money than usual.
- Increased interest in sex or changes in sexual behaviour.

What is the difference between mania and hypomania?

Mania and hypomania can **look and feel quite similar**, but the main difference is how **severe** the symptoms are and how much they affect your life.

With **hypomania**, you may still be able to carry on with everyday things like work, relationships and looking after yourself, although people around you may notice that you seem different from usual.

Mania tends to have a much bigger impact on everyday life and can sometimes put you or other people at risk. Some people may also experience psychosis during mania, and a severe episode may need hospital treatment.

Mania and hypomania can feel **different for everyone**. Sometimes they can even feel good at first – you might have more energy, feel more confident or get lots done – which can make it harder to recognise that you're becoming unwell.

Depression

When you experience depression, you may notice changes in how you usually feel, think or behave, as well as changes in your energy and sleep.

These changes can include:

- Feeling persistently low, sad or empty.
- Losing interest or enjoyment in things you would usually enjoy.
- Having very little energy or feeling extremely tired.
- Sleeping much more or less than usual.
- Finding it difficult to concentrate, think clearly or make decisions.
- Feeling slowed down, or finding everyday tasks much harder than usual.
- Withdrawing from other people or avoiding social contact.
- Changes in appetite or weight.
- Feeling hopeless or that things will not get better.
- Feeling worthless, guilty or like a burden to others.
- Becoming more irritable or frustrated.
- Losing motivation or finding it difficult to start or complete things.
- Thoughts about death, dying or suicide.

"When I have a depressive episode, I draw my blackout curtains in the middle of the day, lie in bed, and isolate from friends and family. I can't find a meaning or motivation for anything."

"When I'm manic I feel completely immortal. Anything seems possible. I completely believe that I can radically change the world with my words or actions."

What are the symptoms?

Psychosis

Not everyone with bipolar will experience psychosis. However, some people may experience psychotic symptoms during a severe episode of mania or depression. Psychosis can affect how a person experiences or interprets reality, and what they see, hear or believe can feel completely real to them.

Symptoms of psychosis can include:

- Delusions
- Hallucinations
- Disorganised thinking

Mixed Episodes

A mixed episode is when someone experiences symptoms of both a high and low mood **at the same time.** For example, you might have lots of energy and racing thoughts, while also feeling very low, hopeless or tearful.

- This combination of symptoms can feel particularly intense and distressing. For example, someone may feel agitated or impulsive at the same time as experiencing very negative thoughts. It is important to seek help if you think you may be experiencing a mixed episode, particularly if you are having thoughts of harming yourself or suicide.

How long do mood episodes last?

There's no set amount of time that a mood episode will last. Some may last for days or weeks, while others can continue for longer. How often they happen can also vary a lot from person to person.

You may have long periods where your mood is stable between episodes – sometimes for months or even years.

It's helpful to get to know what's usual for you and to notice changes in your mood, sleep, energy or behaviour. You don't need to wait for symptoms to last a certain amount of time before **asking for help if you're worried** about a change.

Getting Help in a Crisis

Crisis can look different for everyone. Signs that you may be in, or heading towards, a crisis can include sleeping very little or not at all, thoughts of suicide or self-harm, severe depression or mania, psychosis, or feeling unable to cope with day-to-day life.

The earlier you seek help, the better. We also know that many people don't always get the help they need the first time they reach out. That can be exhausting and disheartening, but it doesn't mean your concerns aren't valid. You deserve support. If you don't get the help you need straight away, keep reaching out. It may take speaking to more than one person or service before you find the right help.

Who can help?

- **Someone you trust** – A friend, family member or carer may be able to help you access support.
- **Your GP or Community Mental Health Team** – If you're already under their care, contact them as soon as possible if you're becoming increasingly unwell.
- **NHS 24 (111)** – If your GP surgery is closed or you need urgent advice, call 111. In Scotland, NHS 24 has a dedicated Mental Health Hub, where trained mental health practitioners can assess your situation, provide advice and, where appropriate, arrange further support.
- **999 or your nearest Accident & Emergency department** – If you or someone else is in immediate danger, or you're unable to keep yourself or others safe.

People Who Can Help

After receiving a bipolar diagnosis, it can be **confusing** trying to navigate the NHS and understand **who does what**. What do psychiatrists do? What DON'T they do? What is A CPN? What is peer support? Do I still need my GP?

The support available to you will depend on your individual needs and services can work slightly differently across Scotland, but here is a **quick guide** to some of the people and services **you may come across.**

GP

Psychiatrist

Psychologist

CPN

Community Mental Health Team

Peer Support

GP

Your GP is **your way into the NHS.** They will likely be your **first and most regular port of call** to get help. Once you are under psychiatric care, changes to your psychiatric medication will need to be agreed with your psychiatrist or mental health team, particularly medications such as lithium. Your GP can flag things to your psychiatrist so they are always worth speaking to in the first instance as access to psychiatrists can be extremely limited.

Psychiatrist

This is the **doctor who is primarily responsible for your psychiatric care**. They are responsible for prescribing medication, monitoring you whilst taking this medication and adjusting dosages and medications when necessary. It is important to note that NHS psychiatrists are not like their American counterparts ('Frasier', for instance). Their role is primarily to diagnose and medically treat mental health conditions, rather than to provide talking therapy. So don't expect to lie on a couch and talk about your feelings! Do expect accurate diagnosis and proper and responsible drug therapy.

Psychologist

These people ARE interested in your feelings. Psychologists are concerned with **how experiences, trauma, mental illness and other factors** can affect how you think, feel and behave and can help you learn and practice techniques to deal with difficulties you might be having. A good way to think of the distinction between psychiatrists and psychologists is that psychiatrists treat your brain and your body, psychologists treat your mind. Access to psychology on the NHS is very limited and the waiting lists are very long. If you are fortunate enough to have the resources to pay for a private psychologist, there are many good ones around. Bipolar Scotland cannot recommend or endorse any specific therapist.

CPN

A CPN (Community Psychiatric Nurse) is another **point of contact with the psychiatric services**. They can feed concerns and updates to your psychiatrist likely quicker than your GP and they can offer a certain amount of support. This might include providing you with the correct information to access out of hours support at the Resource Centre where you receive your care. Not everyone will have a CPN, as this will depend on your needs and how services are organised locally. If you think CPN support might be helpful, you can ask your mental health team about this.

Community Mental Health Team

A Community Mental health Team (CMHT) brings together **different mental health professionals** to provide assessment, treatment and support in the community. To access them, you usually need a referral from your GP. They are supposed to be a buffer in between you and a hospital stay and to connect the various disparate elements of the NHS that you might access. For instance, if your GP is concerned about you, they may refer you to the CMHT who will assess you and decide what action to take.

Peer Support

Peer support brings together **people who share similar lived experiences**, allowing them to support and learn from one another. Many people find it a useful form of support alongside their clinical care. Charities like Bipolar Scotland provide group peer support and one-to-one peer support, which are free of charge. Bipolar Scotland's peer support workers and volunteers all have lived experience of bipolar and are fully trained. Here's what one person who received peer support from Bipolar Scotland had to say about their experience "**From our first chat I felt like I was looking in a mirror and speaking with someone who has been where I was, knew what that felt like and gave me hope for the future for the first time.**"

What causes bipolar?

Bipolar is caused by a combination of genetic, biological and environmental factors.

Genetics

- Bipolar can run in families, but there isn't one single "bipolar gene". Having a relative with bipolar can increase your chances of developing it, but it doesn't mean that you will.

The brain and body

- Research is looking at differences in how the brain regulates things like mood, sleep and daily rhythms of activity.

Life experiences

- Early life adversity, stressful life events, physical illness and drug or alcohol use may play a part in triggering episodes for some people.

There is still a lot we don't understand about why some people develop bipolar and others don't, and research into its causes is ongoing.

Getting a Diagnosis

Getting an **accurate diagnosis of bipolar can help you access the right treatment**, care and support. **There is no single test for bipolar.** Some people are diagnosed during a period of acute illness or a hospital admission. Others speak to their GP and are referred to mental health services for an assessment.

Diagnosis is usually made by **a psychiatrist** who will ask about your current and previous moods, sleep, energy and behaviour, as well as your family history. They may need to meet with you **more than once.**

If you think you may have bipolar, it can help to tell your GP about:

- Previous periods of high and low mood, and how long they lasted.
- Changes in sleep, energy, activity, confidence, spending or behaviour.
- Any family history of bipolar or other mental illness.
- Changes that people close to you may have noticed.

Keeping a **mood diary** can also help you identify patterns and explain what you have been experiencing.

Bipolar can take time to recognise. People often seek help during depression, while previous periods of hypomania may have been less noticeable. This can sometimes mean people are initially diagnosed with depression or another condition. If you have concerns about a diagnosis, speak to your doctor. Y**ou can also ask for a second opinion.**

After a Diagnosis

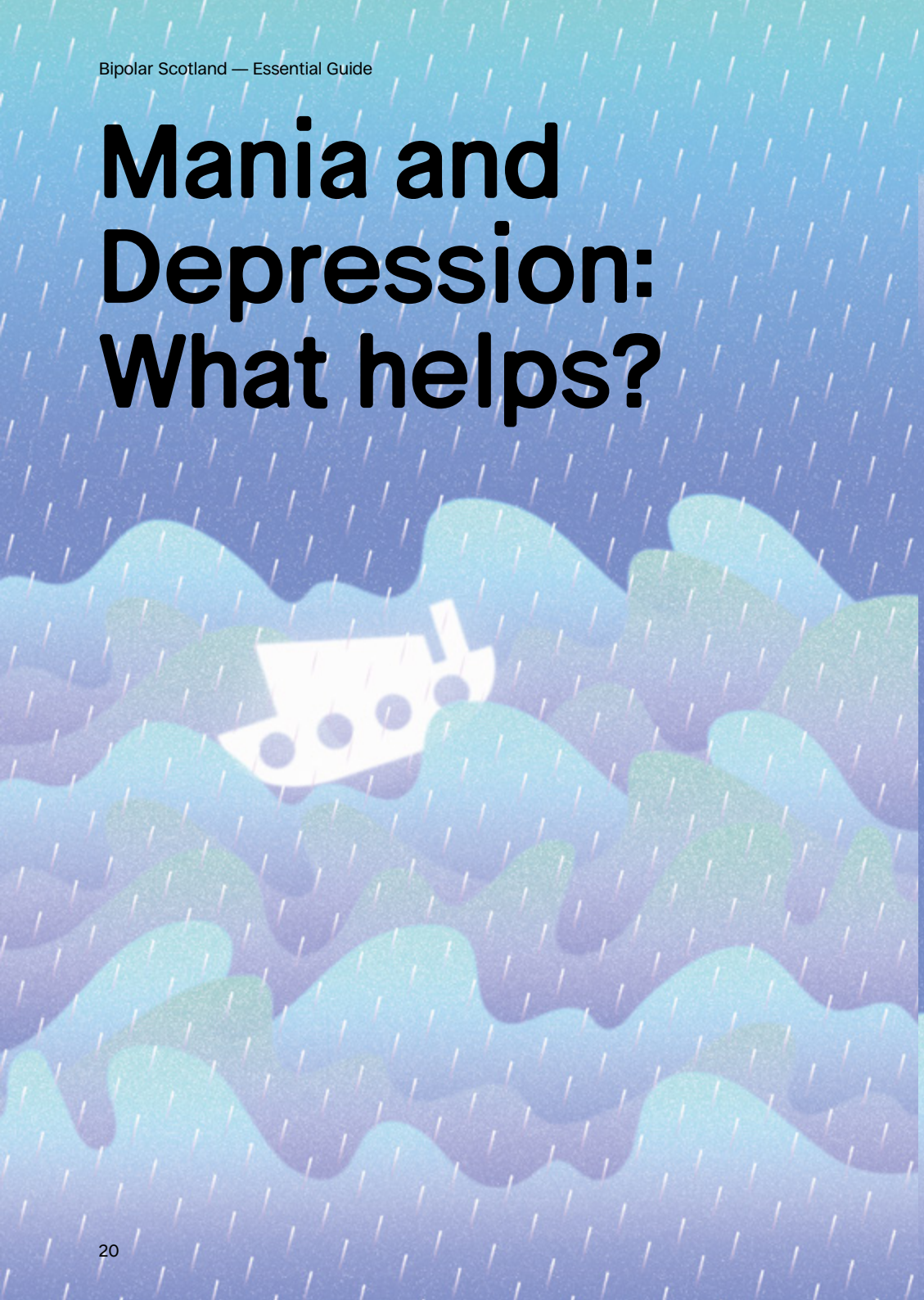
Being diagnosed with bipolar can bring **mixed emotions.** You may feel relieved to have an explanation for your experiences, worried about what it means, or both.

It can take time to understand what bipolar means for you. Good information and support can help you recognise your own patterns and learn what helps you stay well. Bipolar Scotland can help you find information, peer support and other support that may be useful.

"**Things will get easier**, honestly they will. It never fully goes away unfortunately, but it becomes less unpredictable and less scary as you learn and grow. There are trials along the way and you'll be tested, but you'll always surprise yourself with how much strength you have and **a happy, fulfilling and stable life** full of 'normal' things **is absolutely achievable.**"

Quote from Bipolar Scotland Peer Support Worker

Mania and Depression: What helps?



For many people living with bipolar, **medication plays an important part in treatment**. Some medications are used to treat episodes of mania or depression, while others can help keep your mood stable and reduce the risk or severity of future episodes.

Medications used to treat bipolar can include:

- Mood stabilisers, such as lithium, lamotrigine or sodium valproate.
- Antipsychotics, such as olanzapine or quetiapine.
- Antidepressants, which may sometimes be used alongside other medication.
- Other short-term medication to help with symptoms such as severe agitation or difficulty sleeping.

Finding the medication that works best for you can take time. What works for one person may not work for another, and sometimes a combination of medications is needed.

Medication FAQs

→ Is Lithium safe?

For most people who are prescribed it, lithium can be used safely with regular monitoring. The amount of lithium in your blood needs to stay within a particular range, which is why you'll have regular blood tests. Your kidney and thyroid function will also be checked. Lithium isn't suitable for everyone and, like other medications, can cause side effects. Overall, lithium is considered to be the most effective long-term treatment for bipolar.

→ Will medication change my personality?

Medication shouldn't change who you are. The aim is to reduce symptoms of bipolar and help you feel more like yourself. Some medications can affect your energy, emotions or concentration, particularly while you're adjusting to them. If those effects are significant, you don't simply have to put up with them – speak to your doctor. Slightly changing the dose of medication (in consultation with your doctor) can often be helpful in addressing side-effects.

→ Will medication make me gain weight?

Some medications used for bipolar can cause weight gain, but not everyone experiences this and the risk varies between medications.

→ Will I need to take medication for the rest of my life?

Not necessarily, but bipolar usually requires long-term treatment and many people take medication for a long time to help prevent future episodes.

→ Can I stop taking medication when I feel well?

Feeling well may be a sign that your treatment is working. Stopping medication suddenly can increase the risk of becoming unwell again and some can cause withdrawal symptoms. If you decide you want to stop, it's safer to plan a gradual reduction with the person prescribing your medication. This is particularly true for lithium.

→ Do people still get prescribed ECT?

Electroconvulsive therapy (ECT) is still used, although it is usually only considered when someone is severely unwell, needs treatment urgently, or other treatments haven't helped. It is most commonly used for severe depression, but can sometimes be used for severe mania or mixed episodes. In many cases the response to ECT is relatively quick and sometimes life-saving.

Don't stop or change prescribed medication suddenly without medical advice.

Depression: What else helps?

- → Stay connected with people you trust.
- → Break everyday tasks into small, manageable steps.
- → Be physically active when you're able to.
- → Try to get outside every day (in the morning if possible) to get exposure to natural daylight.
- → Reduce stress where possible.
- → Consider talking therapies.

Mania and hypomania: What else helps?

- → Try to keep to your usual sleep routine, even if you don't feel tired.
- → Reduce stimulation. Quieter, less busy environments may help.
- → Reduce stress and consider taking a break from work or other responsibilities.
- → Limit alcohol and caffeine.
- → Postpone big decisions where possible.
- → Ask someone you trust for support, particularly with things that may become risky when you're unwell, such as spending or driving.

Get help early. If you notice signs that you are becoming increasingly unwell, reach out for support **as soon as you can**.

Hospital Care and Your Rights

Many people living with bipolar will **never** need to stay in hospital. However, if you're experiencing a severe episode of illness, hospital can sometimes be the **safest place** to receive treatment and support.

Before hospital

If you're becoming very unwell, there may be support available to help you stay at home. In some areas of Scotland, this includes an **Intensive Treatment at Home Team**, who can provide intensive support and treatment without you needing to be admitted to hospital.

However, sometimes a hospital stay may be needed. This could be:

- Voluntary – where you agree to be admitted.
- Under the Mental Health Act – if there are serious concerns about your mental health and safety, you may be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. This is sometimes called being "sectioned".

Planning ahead while you're well can help make sure your wishes are known if you become very unwell.

Advance Statement

An Advance Statement is **a document you create while you're well** that sets out your wishes for your care and treatment if you become too unwell to make decisions.

It can include **treatment preferences**, who you would like involved in your care, and **practical arrangements** such as childcare or pet care.

Healthcare professionals should take your Advance Statement into account when making decisions about your care.

Named Person

A Named Person is **someone you choose and trust to support you** if you become very unwell.

They don't have to be a family member or your next of kin. If you're treated under the Mental Health Act, they can be kept informed about your care, help you understand your rights and speak up for you if you're unable to do so yourself.

During hospital

Being admitted to hospital because of your mental health can feel frightening and overwhelming. Many people also describe feeling a sense of relief that they are in a safe place where they can **begin to recover** with support from healthcare professionals. Hospital wards usually have a daily routine, and it can take a little time to adjust.

You may be cared for by several different healthcare professionals, including nurses, psychiatrists and occupational therapists. Your medication may be reviewed while you're in hospital, and you should have the opportunity to **ask questions** about your care and treatment. If you would like them to, friends and family can usually stay involved in your recovery through visits or phone calls, although arrangements vary between hospitals.

Recovery takes time, and you may not feel better straight away. If you've been admitted during a severe episode, you may not remember everything that happened before or during your stay. If you're finding it difficult to make your views heard, an independent advocate can help you understand your rights and speak up about what matters to you.

Independent Advocacy

An independent advocate is someone who can help you understand your rights and speak up about what matters to you.

They are independent of the NHS and are there to support you, not to make decisions on your behalf. **The Scottish Independent Advocacy Alliance** can help you to find your nearest advocate.

After hospital

Before leaving hospital, make sure you know:

- What follow-up support has been arranged.
- Who will be supporting you after you leave.
- Who to contact if you're struggling or becoming unwell again.

It can take time to regain your confidence and settle back into everyday life. Be patient with yourself and accept support from those around you while you continue your recovery. If you're not already connected with Bipolar Scotland, this can also be a good time to explore the support we offer.

Your rights

Even if you're very unwell, **you don't lose your rights.** The Mental Health (Care and Treatment) (Scotland) Act 2003 gives people receiving mental health care a number of important rights.

You have the right to:

- Be involved in decisions about your care wherever possible.
- Receive information you can understand.
- Access independent advocacy.
- Make an Advance Statement.
- Appoint a Named Person.
- Appeal certain decisions if you're being treated under the Mental Health Act.

What if I don't feel my rights have been respected?

If you're concerned about the care or treatment you've received, you don't have to deal with it alone.

The **Mental Welfare Commission for Scotland** works to protect the rights of people using mental health services. They can provide information about your rights and advise you on what to do next.

If you would like support to raise a concern or make a complaint about NHS care, you can also contact the **Patient Advice and Support Service** (PASS). PASS is independent of the NHS and provides free, confidential advice and support.

Living Well with Bipolar

There is no single ‘right’ way to live well with bipolar. Everyone is different, and what helps you may change over time.

Living with bipolar often involves getting to know how the condition affects you. Over time, you may begin to **recognise your own patterns**, what helps you stay well and when you might need some extra support. This is often called **self-management**.

Self-management doesn’t mean managing everything on your own or getting everything right. It means finding ways to look after your wellbeing alongside treatment and support from others.

Key things to remember

- Keep connected with your treatment and support. When you’re feeling well, it can be easy to feel that you no longer need them. Continuing to take medication as prescribed and talking to your healthcare team about any concerns or changes can help you stay well.
- Understanding, not perfection. Getting to know your own patterns, including changes in your mood, sleep and energy can help you recognise when you might be becoming unwell.
- Look after your whole health. Bipolar doesn’t just affect your mood. Sleep, physical health and your overall wellbeing are all important.
- Find what works for you. There is no one approach that works for everyone, and what helps you may change over time.
- You don’t have to do it alone. Support from other people living with bipolar can be a valuable source of understanding, practical ideas and hope.
- Becoming unwell doesn’t mean you’ve failed. You can do everything you can to look after yourself and still experience periods of illness.

You can find more information and practical ideas about living well with bipolar on the **Bipolar Scotland website**.

Looking After Your Physical Health

Looking after your physical health is **just as important** as looking after your mental health. Many people living with bipolar enjoy good physical health, but research shows there is a higher risk of developing some long-term health conditions such as:

- Heart disease
- Diabetes
- Obesity

Although this can sound worrying, **having bipolar does not mean you will definitely develop any of these conditions**. It does mean it's important to look after your physical health and take advantage of any health checks offered by your GP.

Some medications used to treat bipolar can also cause physical side effects, such as:

- Weight gain
- Tremors
- Changes to your blood pressure, cholesterol or blood sugar

Regular monitoring helps to identify any problems early. If you're struggling with side effects, don't assume you just have to put up with them. Speak to your doctor, as there may be changes that can help make them more manageable.

Sometimes people living with bipolar feel that their physical health concerns are dismissed or incorrectly put down to their mental health or medication. This can be difficult to challenge, especially if you're unwell, but **you deserve to have your concerns taken seriously**. If something doesn't feel right, keep asking questions and seeking help. It's okay to ask for a second opinion or to see a different doctor if you feel your concerns haven't been properly addressed.

Relationships and Bipolar

Living with bipolar can sometimes affect your relationships with the people closest to you. When you're unwell, you might behave differently, withdraw from people, become more irritable, or say and do things that you normally wouldn't. **This can sometimes lead to misunderstandings or put strain on relationships.**

The people around you **might not always know** what to do either. They may worry about you, find it difficult to understand what you're experiencing, or be unsure about when and how to help.

When you're feeling well, it can be useful to talk about what happened and what might help if you become unwell again. Sometimes **relationships need a bit of time and understanding to recover** after a difficult episode too.

Should I tell people I have bipolar?

There is no right or wrong answer. Some people are very open about having bipolar, while others choose to tell only a few trusted people. The decision is entirely yours.

Telling people you trust can help **reduce feelings of isolation** and avoid misunderstandings about what you're going through. You can also choose how much or how little you share. For example, you may feel comfortable telling someone that you have bipolar and explaining how it affects you, without wanting to talk about experiences such as being admitted to hospital.

If someone regularly supports you, it can be helpful to talk to them about your warning signs, what usually helps when you're becoming unwell, and what you'd like them to do (or not do) if you're experiencing a period of illness. **Having these conversations while you're well** can make them much easier if you become unwell in the future.

Dealing with stigma

Unfortunately, some people still have **misunderstandings** about bipolar. You may come across comments or assumptions that are based on stereotypes rather than facts. Even well-meaning friends or family **may not always understand** what you're experiencing.

You don't have to educate everyone you meet, but if someone wants to understand, you can point them towards reliable information. **Bipolar Scotland** offers information, training and support for friends, family and carers that can help them better understand bipolar and how they can support you.

Support for friends, family and carers

Supporting someone living with bipolar can be rewarding, but it can also be challenging. You may sometimes feel worried, frustrated, exhausted or unsure what to do. These feelings are completely normal, and support is available for you too.

You may not think of yourself as a 'carer', but if you regularly provide support to someone who couldn't manage without your help, **you may be recognised as an unpaid carer.** This can open up additional support through your local carers centre, including emotional support, practical advice and help to access any financial support you may be entitled to.

Friends, family and carers can also benefit from learning about bipolar, recognising the warning signs that a period of illness may be approaching, and understanding what helps the person they support. Having conversations about this while your loved one is well can **make it easier** to respond if they become unwell in the future.

One of the hardest parts of supporting someone living with bipolar is that they may sometimes say or do things that are **out of character** during an episode. This can be deeply upsetting. Although understanding that these behaviours are part of the illness doesn't make them any less hurtful, it can help you **make sense of what has happened**. When your loved one is well again, talking openly about what happened can help you both move forward and think about how to manage future episodes together.

If you're supporting someone living with bipolar, Bipolar Scotland can help. We offer support groups, information and training designed specifically for friends, family and carers, giving you the opportunity to learn more about bipolar and connect with others who understand the challenges you may be facing.

Menstruation and Menopause

Hormonal changes can affect mood, and many people living with bipolar notice changes in their symptoms at different stages of their reproductive life. These changes are very individual, and not everyone will experience them in the same way.

Menstruation

Some people find that symptoms of bipolar become **more noticeable** at certain points in their menstrual cycle, such as before their period or around ovulation. This is sometimes called **premenstrual exacerbation (PME)**, where an existing condition becomes worse in the lead-up to a period.

Things that can help:

- Keep track of your mood alongside your menstrual cycle.
- Look for patterns in when your symptoms change.
- Share what you notice with your GP or mental health team.
- If you don't feel your concerns are being taken seriously, it's okay to ask for a second opinion.

Perimenopause and Menopause

Perimenopause is the time leading up to menopause, when hormone levels begin to change and periods may become irregular. Research suggests that some people living with bipolar may experience an increase in symptoms during this stage. You might notice:

- Depression or anxiety.
- Problems with sleep.
- Changes in concentration or memory ("brain fog").
- Changes in your usual bipolar symptoms.

Don't assume changes in your mood or wellbeing are simply part of getting older. **Speak to your GP or mental health team,** as support and treatment options are available.

Pregnancy

Many women living with bipolar have safe and healthy pregnancies. Having bipolar does not mean you cannot (or should not) have children. If you become pregnant, you should be offered specialist perinatal mental health support, even if you've been well for a long time.

If you're planning a pregnancy

- Speak to your GP or mental health team as early as possible.
- Ask about pre-conception counselling. This gives you the chance to discuss your plans with healthcare professionals who understand pregnancy and bipolar.
- If you or your partner take sodium valproate, speak to your healthcare team before trying for a baby. Valproate can cause serious harm to an unborn baby, so your healthcare team can talk to you about the risks and whether another treatment may be suitable.

Pregnancy and medication

Becoming pregnant does **not** automatically mean you'll need to stop taking medication.

- In some cases, your medication or dose may be adjusted during pregnancy.
- Some medications need extra planning and monitoring. This includes lithium, but taking lithium does not mean you cannot have a healthy pregnancy. For some people, the benefits of continuing it may outweigh the risks.
- Don't stop medication suddenly. If you're pregnant or planning a pregnancy, talk to your healthcare team before making changes. If you become pregnant while taking sodium valproate, seek advice urgently.
- Some medications can affect whether breastfeeding is recommended. Your healthcare team can help you understand the options and make a choice that's right for you and your baby.

After pregnancy

- The weeks after giving birth can be a higher-risk time for postnatal depression, hypomania, mania and postpartum psychosis.
- Planning ahead and having extra support in place can help you stay well. This might include visits from a CPN, a plan for feeding the baby at night that supports your sleep, or medication changes.
- If you or someone close to you notices changes in your mood, seek help as soon as possible.
- Accepting practical help and getting enough rest can also be important.
- If you need extra support after giving birth, specialist "Mother and Baby Units" are available, where you can receive mental health care while staying together with your baby.

Key Message:

Having bipolar doesn't mean you have to give up your hopes of becoming a parent. With the right planning, support and care, many people go on to have **safe and healthy pregnancies.**

Financial Support

Living with bipolar can sometimes **affect your ability to work**, study or **manage your finances**. If this happens, there may be financial support available to help. What you're entitled to will depend on your **individual circumstances**.

Bipolar is considered a **disability** under the Equality Act 2010 if it has a substantial and long-term impact on your daily life. This may mean you're **entitled to additional financial support or other help**.

To make sure you're receiving everything you're entitled to, consider speaking to your local **Citizens Advice Bureau** or using the **Turn2us** benefits checker.

Adult Disability Payment (Scotland)

You may be entitled to **Adult Disability Payment (ADP)** if your bipolar has a significant impact on your daily life. ADP is based on how your condition affects you, rather than your diagnosis alone. Importantly, it is not means-tested, so your income and savings do not affect your eligibility.

When applying, it can help to describe how bipolar affects you on your more difficult days, as well as the **support you need** with everyday activities.

Work and Employment

If you need time off work because of your bipolar, you may be entitled to **Statutory Sick Pay (SSP)** or occupational sick pay through your employer. Many employers also offer an **Employee Assistance Programme (EAP)**, which may provide free and confidential support such as counselling, legal advice or access to a GP.

Travel

If the DVLA have advised you not to drive because of your bipolar, or your condition significantly affects your ability to travel, you may be entitled to free bus travel through Scotland's **National Entitlement Card** scheme. Eligibility depends on your circumstances, so it's worth checking the guidance or asking your local council for advice.

Council Tax

Depending on your circumstances, you may be entitled to a discount, reduction or exemption on your **Council Tax**. Your local council or **Citizens Advice Bureau** can help you understand what support may be available.

Financial Support

Managing Debt

Many people feel embarrassed or guilty about money difficulties, particularly if they've built up debt during a period of illness. Remember that financial problems can be part of bipolar, and asking for help is **nothing to be ashamed of.** Overspending, impulse buying and excessive generosity can be common features of mania or hypomania. If this has happened to you, **you're not alone, and support is available.**

If you're struggling with debt, try to seek advice as early as possible. Free, independent organisations such as **StepChange** and **Citizens Advice** can help you understand your options and support you to find a way forward.

If you're speaking to your bank, credit card company or another lender, let them know about your bipolar if you feel comfortable doing so. Many organisations have specialist teams who support customers experiencing mental health difficulties and may be able to offer additional help or flexibility.

Planning Ahead

If overspending has been part of previous periods of hypomania or mania, it can be helpful to **think about ways to protect yourself while you're well**. Putting a plan in place ahead of time can make it easier to stay in control if your mood begins to change.

Some ideas you might want to consider include:

- Asking your credit card provider whether they can reduce your credit limit.
- Speaking to your bank about tools that may help you manage your spending, such as spending alerts or limits.
- Keeping credit cards somewhere less accessible, or asking a trusted friend or family member to look after them until you're feeling well again.
- Talking to someone you trust about how they can support you if they notice changes in your mood or spending.
- Adding a **Notice of Correction** to your credit file. This lets potential lenders know that you live with bipolar and encourages them to take extra care before offering you credit. It's important to remember that this may also make it harder to access credit when you're well.

Bipolar and Work

Living with bipolar **does not mean you can't work**. Many people living with bipolar have **rewarding** careers, volunteer in their communities or run their own businesses.

For many people, **work plays an important role in their personal recovery**. It can provide structure and routine, a sense of purpose, social connection, financial security and opportunities to build confidence and develop new skills.

Things people with bipolar can bring to the workplace:

- Creativity
- Empathy
- Passion
- Resilience
- Ability to think differently

Potential dangers for people working with bipolar:

- Long periods of stress
- Irregular shift patterns
- Disrupted sleep
- Unrealistic workloads

Everyone's experience is different. Some people return to their existing role after a period of illness, while others decide to reduce their hours, change careers, become self-employed or take on voluntary work that better suits their needs. **There is no single "right" way to balance work and wellbeing.**

Volunteering can also be a valuable part of recovery. It offers many of the same benefits as paid employment, including routine, purpose, social connection and opportunities to build confidence, while often providing greater flexibility.

Do I need to tell my employer?

You are not legally required to tell your employer that you have bipolar. Deciding whether to disclose your diagnosis is a personal choice.

Some people choose not to disclose because they are concerned about stigma or discrimination. Others find that sharing information about their bipolar helps their employer understand their needs and makes it easier to work together to support their wellbeing.

Only you can decide what feels right for your situation.

Your rights at work

Bipolar is a **long-term condition** that can have a substantial impact on day-to-day life and may meet the definition of a disability under the **Equality Act 2010**.

If this applies, your employer has a legal duty not to discriminate against you because of your disability and to consider reasonable adjustments that help you carry out your role.

Reasonable adjustments might include:

- Flexible start and finish times, for example if medication causes morning drowsiness.
- A phased return to work after a period of sickness absence.
- Time off to attend appointments with professionals supporting your mental health.
- Changes to where or how you work, such as home working or access to a quieter workspace.
- Regular wellbeing check-ins with your manager.
- Flexibility around breaks or workload during difficult periods.

A Wellness Action Plan can also be a useful way of helping you and your manager recognise what helps you stay well, identify early warning signs and agree how you would like to be supported if you begin to struggle.

If you are concerned about how you are being treated at work, Acas provides free and impartial advice on workplace rights and resolving workplace issues.

"I feel proud to work full time as a health professional. I identify more strongly as a midwife than I do as someone with bipolar disorder. Working is important to me."

Bipolar and Studying

Having bipolar **does not mean giving up on your educational goals**. Many people living with bipolar complete college, university, postgraduate study and PhDs. **Bipolar is not a reflection of your intelligence** or your ability to learn.

Things to consider:

- Added pressure
- Deadlines
- Disrupted routines
- Changes to sleep
- Distance from support networks

Practical considerations:

- Disclosure of your bipolar is voluntary.
- Sharing your diagnosis might make it easier to access support.
- Universities and colleges have a legal duty to consider reasonable adjustments for disabled students.
- Contact the student disability or wellbeing team to find out what they can do to help.

Remember that taking longer to complete a course, changing direction or pausing your studies **does not mean you have failed**.

"The university have been so **supportive**, offering me a wide range of support from deadline extensions to software which reads out text, records lectures and also a mental health support worker and study skills tutor."

Driving

Many people living with bipolar **continue to drive safely**. However, if you've been diagnosed with bipolar, you have a legal responsibility to tell the Driver and Vehicle Licensing Agency (DVLA), as well as your insurer.

The DVLA will look at your individual circumstances and may ask for information from your GP or psychiatrist before making a decision. This doesn't automatically mean you'll lose your licence. Many people are able to continue driving, while others may need to stop driving for a period of time until they have recovered.

If you're experiencing symptoms that **affect your ability to drive safely**, such as mania, hypomania or severe depression, it's important not to drive. Your healthcare team can advise you when it's safe to start driving again.

If you're unable to drive because of your bipolar, you may be entitled to free bus travel, depending on your circumstances. You can find more information in the Financial Support section of this guide.

If you have any questions about driving, **speak to your doctor** or contact the **DVLA** for advice.

Travelling Abroad

Having bipolar doesn't mean you can't travel abroad or enjoy holidays. With some extra planning, **many people living with bipolar travel safely and confidently**.

Before you travel, **think about anything that has affected your wellbeing** on previous trips. For some people, changes in routine, disrupted sleep, jet lag, alcohol, heat or the excitement and stress of travelling can affect their mood. Planning ahead can help **reduce these risks**.

If you're travelling across time zones, try to think about how you'll manage your sleep and medication. If you're unsure how to adjust the timing of your medication, **speak to your pharmacist or healthcare team before you travel.**

It's also a good idea to:

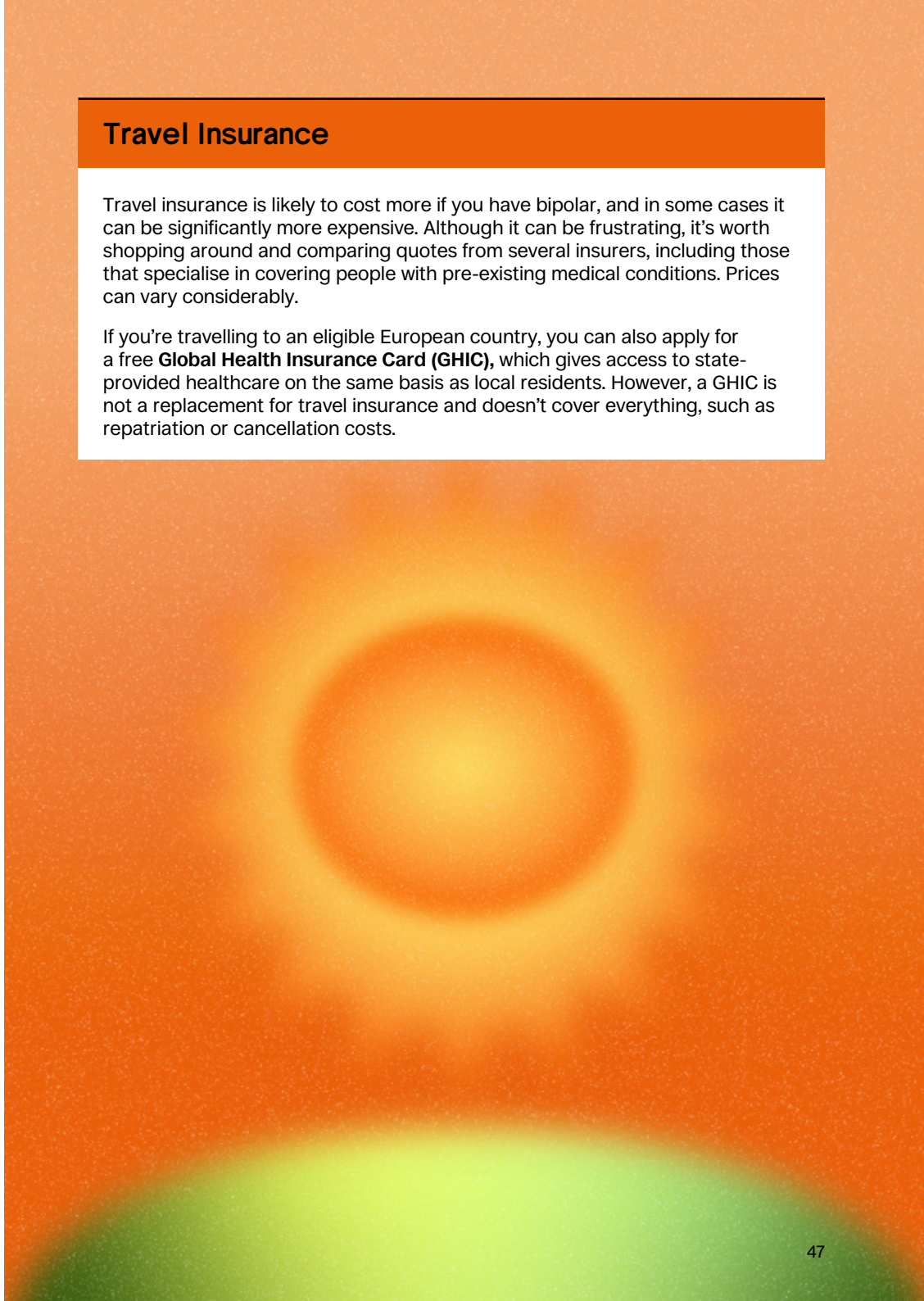
- Take enough medication to last your whole trip, plus a few extra days in case of delays.
- Carry your medication in your hand luggage where possible, along with a copy of your prescription or a letter from your healthcare professional if needed.
- Make sure someone you trust knows your travel plans and how to contact you.
- Find out where you could get medical help if you became unwell while you were away.

Some medications used to treat bipolar can make you more sensitive to heat and sunlight or increase your risk of dehydration. If you're travelling somewhere warm, take **extra care** to stay hydrated, avoid excessive sun exposure and follow any advice given by your healthcare professional.

Travel Insurance

Travel insurance is likely to cost more if you have bipolar, and in some cases it can be significantly more expensive. Although it can be frustrating, it's worth shopping around and comparing quotes from several insurers, including those that specialise in covering people with pre-existing medical conditions. Prices can vary considerably.

If you're travelling to an eligible European country, you can also apply for a free **Global Health Insurance Card (GHIC),** which gives access to state-provided healthcare on the same basis as local residents. However, a GHIC is not a replacement for travel insurance and doesn't cover everything, such as repatriation or cancellation costs.



Where to Get Information and Support

→ **ACAS**
Free and impartial advice about workplace rights and issues, including reasonable adjustments, discrimination, sickness absence and mental health at work.

T: 0300 123 1100
W: www.acas.org.uk

→ **Bipolar Scotland**
Scotland's national charity for everyone affected by bipolar. Information, peer support, support groups, training and more.

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

→ **Change Mental Health - Mental Health and Money Advice**
Free, specialist advice for people in Scotland who are experiencing money or benefits problems alongside mental health difficulties.

T: 0808 8010 515
W: www.changemh.org/advice-and-support
E: advice@changemh.org

→ **Citizens Advice Scotland**
Free, confidential and impartial advice on issues including benefits, money, housing and employment. You can find your local Citizens Advice Bureau through their website.

W: www.cas.org.uk/get-advice

→ **Mental Welfare Commission for Scotland**
Information and advice about your rights in relation to mental health law, care and treatment.

T: 0800 389 6809
W: www.mwcscot.org.uk
E: mwc.enquiries@nhs.scot

→ **Scottish Independent Advocacy**
Find independent advocacy services in your local area.

T: 0131 510 9410
W: www.siaa.org.uk
E: enquiry@siaa.org.uk

→ **Social Security Scotland**
Information and support with Scottish benefits, including Adult Disability Payment and Carer Support Payment.

T: 0800 182 2222
W: www.socialsecurity.gov.scot

Urgent Help

→ **Samaritans** - If you need someone to talk to, you can call Samaritans free on 116 123, 24 hours a day, 365 days a year.

→ **NHS 24 Mental Health Hub** - Call 111 and choose the mental health option. The Mental Health Hub is available 24 hours a day and can offer support and help you access other services if needed.

→ **Breathing Space** - Call 0800 83 85 87 for free and confidential support. The phone service is open from 6pm–2am Monday to Thursday and from 6pm Friday through to 6am Monday. Webchat is also available through the Breathing Space website.

→ **Shout** - If you'd prefer to communicate by text, text SHOUT to 85258 for free, confidential mental health support, 24 hours a day.

→ **In an emergency** - If you or someone else is in immediate danger or needs emergency medical help, call 999.

Acknowledgements

This new edition builds on the original Essential Guide. Thank you to everyone who helped to create the original guide, and to the staff, volunteers, members and partners who have contributed to this refresh.

We're particularly grateful for the lived experience shared throughout its development, helping to ensure this guide reflects the real experiences of people living with bipolar.

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