

Ways to support the person with bipolar disorder

People differ in what help they need and want from caregivers. Caregivers differ in how involved they are in providing support. Finding ways to provide support that suit both you and the person with bipolar disorder is a trial and error process. This summary offers some suggestions about ways to support a person with bipolar disorder.

Discuss ways to help

It is best to discuss illness management with the person when they are **relatively well**. Making **agreements and plans** together about how to deal with aspects of bipolar disorder can make things easier for both of you. If the person does not want to discuss illness management, you can develop your own plans to cope with the illness.

Sometimes you can **help without mentioning the illness** (e.g. ask the person to go for a walk with you if they are becoming depressed without mentioning the illness). Caregivers often have a very important **monitoring role** to play. For example, if the person has bipolar symptoms you can keep an eye on them in case they become more ill.



Different kinds of support

Encourage the person to **develop a support network** consisting of family, friends, community services and clinicians. Different people may be able to provide different support. If the person has recently been diagnosed with bipolar disorder, it can take time to establish good clinical and community supports, and you may need to provide more support initially.

Providing **companionship** and letting the person know you **care and believe in them** can be a valuable way of supporting them. Keep in mind that there is more to the person than their illness. Don't always focus on the bipolar disorder. Be careful not to come across as condescending or patronizing when supporting the person.

If the person is **severely ill or experiencing a bipolar crisis** (e.g. they are at high risk of harmful or life threatening consequences) they may urgently need your help. Communicating calmly and assisting the person to access medical treatment is a helpful way to support a person who is very ill. For more about dealing with bipolar crises or suicide risk, see the summaries on 'Dealing with a bipolar crisis', 'Helping to reduce suicide risk' or bipolarcaregivers.org.

Supporting a person with **hypomania or mania** (see Box 1) is a bit different to supporting a person with **depression** (see Box 2). Some caregivers also help to prevent relapse by supporting the person's **medical treatment** (see Box 3) and assisting them to reduce **bipolar triggers** (see box 4) and **warning signs** (see Box 5).

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Box 1: Supporting a person with mania or hypomania

- To be a **calming influence** on the person, try to remain calm and relaxed when communicating with them.
- Being supportive does not mean you have to agree with what the person says, however **avoid overstimulating long conversations or arguments**. People with elevated moods are vulnerable and can get upset easily despite their apparent confidence.
- **Encourage the person's positive strategies** to reduce manic or hypomanic symptoms (e.g. to contact their clinician, take prescribed medications, rest and reduce stimulation).
- **You may need to take more of an active role in assisting the person to access treatment if they are very ill.**
- **When a person is manic, very hypomanic or in a mixed episode their behavior may become inappropriate or risky** (e.g. spending sprees, sexual indiscretions or reckless driving). Before the person becomes too manic encourage them to avoid alcohol and drugs, as these substances increase the risk of acting impulsively. There are precautions you and the person can take in advance to try to prevent some of the negative consequences of this behavior (e.g. financial arrangements to prevent overspending at these times). For more about ways to set limits with risky manic behavior see bipolarcaregivers.org. After a bipolar episode people often feel a deep sense of shame and guilt about their inappropriate or risky illness-related behavior.



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Box 2: Supporting a person with depression

- Don't try to get the person with depression to do something they find very stressful or overwhelming. Rather **encourage them to do something small** that they find more manageable, and acknowledge what they achieve.
- **Encourage the person's positive strategies** to reduce their depressive symptoms (e.g. to contact their clinician, do even a little physical activity or exercise, not stay in bed or sleep during the day and try to maintain some routine).
- **Avoid telling the person** to *"pull themselves together"* or *"snap out of it"*.
- **Letting the person know you care** may be reassuring for them but avoid very emotional expressions of concern.
- **What comforts one person with depression may not comfort another** (e.g. some people like to be reminded they will feel better in time whereas others don't). Sometimes just being there without telling the person what to do can be comforting.
- You may feel frustrated if your support does not appear to help, and that is understandable. However, depression can be persistent and the person may be unable to respond to you in ways you would like them to. **Offer the person kindness and patience** even if this is not reciprocated.
- Although not all people with bipolar disorder become suicidal, **depression increases a person's risk of suicide** and you may need to consider how to help if the person is suicidal (see 'Dealing with suicide risk summary' or bipolarcaregivers.org).
- **You may need to take more of an active role in assisting the person to access treatment if they are very ill.**



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Box 3 Supporting the person's medical treatment

Taking ongoing medication (even when the person is well) can prevent bipolar relapse, reduce hospitalizations and suicide risk.^{1,2} Medications can also reduce symptoms if the person experiences a bipolar episode. Caregivers can support the person in taking medications to treat their illness that have been agreed on by the person and their clinician. To help the person to get the most benefit from treatment encourage them to discuss treatment problems openly with their clinician.

If the person stops taking a medication that has helped, the benefits will no longer be there once the medication is out of their system.¹ There are many reasons why people stop or reduce their medications (e.g. side effects or they enjoy experiencing hypomania or no longer think they need medications). If you are concerned about the person not taking their medication, discuss the reasons for your concerns with the person (see bipolarcaregivers.org).

Supporting the person with their treatment does not have to mean managing their medications for them. This can make you exhausted and undermine the person's confidence. However, if the person is severely ill and unable to manage their own treatment, you may need to help more. When the person is well, you can discuss plans for supporting their treatment if they become severely ill (e.g. what treatment they prefer and what information you may need to share with clinicians or hospital staff on their behalf).

Ask the person you care for to let their clinician know you are their primary caregiver and your contact details, in case the clinician needs to contact you in an emergency. When communicating with the person's clinician, don't **be afraid to ask questions** about bipolar disorder and its treatment, or to ask for clarification if the information provided is confusing (e.g. *"What are the possible side effects of that treatment?"*).

Encourage the person to discuss treatment problems openly with their clinician.

Box 4: Helping to reduce triggers of bipolar symptoms

'Triggers' are stressors that can spark off relapse or make symptoms worse. **Common triggers include:**

- **Negative or positive life events:** (e.g. promotion, retrenchment, moving house or divorce).
- **Sleep disruption:** Decreases in sleep can contribute to hypomania or mania and increases in sleep or bedrest to depressive symptoms.
- **Disruption to routine:** Changes in levels of daily activity and stimulation such as work deadlines, jet lag or increases in social activity.
- **Alcohol or other drug abuse:** These substances trigger mood changes and having alcohol or drug problems increases the chances of bipolar relapse, hospitalization and suicide.
- **Interpersonal stress:** (e.g. excessive emotional expressions of concern,
- **Other overstimulating factors:** (e.g. successful achievement of goals caffeine, nicotine, noise, clutter or traffic.)

It is not possible to protect the person you care for from all stress. Stress is part of life. **Although certain stressors that trigger symptoms should be avoided, not all stress is avoidable. The person needs to find ways to manage stress** (e.g. exercise, talk things over with someone, write or paint).

It can take time for the person to make lifestyle choices and work out how to live well with their illness. However, when appropriate you can **support them in trying to develop a healthy lifestyle** (e.g. encourage them to follow a regular sleep pattern or support them in their efforts to reduce substances that make bipolar disorder worse e.g. caffeine, alcohol or ecstasy) and **provide assistance when stressful events occur**. For more suggestions about what positive lifestyle habits to support, see the 'Treatment and management of bipolar disorder summary' or bipolarcaregivers.org.

Managing triggers can help both to **prevent relapse** when the person is well, and to **prevent bipolar episodes from getting worse** (e.g. reducing noise or excess social stimulation may help to reduce overstimulation when the person is manic or hypomanic).



Box 5: Helping with bipolar warning signs

'Warning signs' are changes in the way the person behaves, thinks or feels that are much milder than actual symptoms and indicate that they may be developing a bipolar episode.

Examples of common warning signs of mania or hypomania include:

- Sleeping less
- Being more active or sociable
- Irritability and impatience
- Being more talkative or rapid speech
- Increased self-confidence, self-importance or optimism
- Elevated mood
- Agitation or restlessness
- Being easily distracted and unable to concentrate
- Thinking much more quickly or racing thoughts
- Engaging in more risky or sexual behavior
- Having lots more plans and goals
- Increased alcohol or other drug use

Examples of common warning signs of depression include:

- Being less interested in doing things or socializing
- Anxiety or worry
- Sleep problems
- Being tearful or sad
- Feeling more tired than usual
- Neglecting certain tasks and doing less
- Having physical aches and pains
- Being forgetful

Recognizing and responding to warning signs can help to prevent full bipolar relapse.³ It is sometimes difficult for a person to notice warning signs of a bipolar episode. Close family or friends may be able to help recognize these changes and support the person's helpful strategies to try to prevent full relapse (see list of some of the helpful strategies the person may use).

To help recognize warning signs, caregivers need to be familiar with the person's usual warning signs. When communicating with the person about changes that may be warning signs, it is important to sensitively discuss what you have noticed, and to express your concern rather than to blame the person. When the person is well, it is unwise to constantly question everything the person says or does for signs of illness. It may help if you have a prior arrangement with the person about how they would like you to communicate with them if you notice warning signs.

Helpful strategies a person with bipolar disorder can use to try to prevent full hypomanic or manic relapse include:

- Responding to warning signs early, before symptoms have really had a chance to develop.
- Contacting the clinician to get medical treatment or taking medication that has already been prescribed specifically for times when warning signs appear.
- Reducing stimulation (e.g. reducing social activities).
- Resting (with the help of prescribed medication if necessary).

Helpful strategies a person with bipolar disorder can use to deal with warning signs or early symptoms of depression include:

- Restoring or maintaining a basic routine and regular sleep patterns.
- Doing something that involves a bit of physical activity or exercise.
- Setting small manageable goals to do things, and dividing these goals into smaller steps if they are hard to achieve.
- Acknowledging what they themselves manage to do, no matter how small, as experiencing a sense of achievement can have a positive influence on mood.
- Recognizing positive events and experiences when they occur.
- Discussing warning signs or early symptoms with their clinician.

It is not always possible to prevent relapse. If the person is disappointed because they have relapsed encourage them not to give up hope, as finding what works to manage the illness is a trial and error process.

You may be able to help the person to recognize warning signs and try to prevent full bipolar relapse.

Support between bipolar episodes

The person may need much less support with their illness between bipolar episodes. However, some people have a few disabling ongoing symptoms between episodes (e.g. decreased energy and tiredness, lack of concentration, being withdrawn or irritable). Don't assume that the person who seems well, but still needs a bit of help is stuck in the „sick role“, or is using their illness to get attention or assistance from you as they may have ongoing mild symptoms that get in the way of their daily functioning. If you still need to be active in your caregiving role due to the person's ongoing symptoms, try to arrange regular time out to find ways to relieve stress (e.g. getting outdoors, or talking to a friend).

What if the person refuses to treat or manage their bipolar disorder?

Bipolar disorder that is not treated or managed can have a particularly negative impact on the person and their family. However, it can be hard for a person to accept that they have bipolar disorder, and need treatment. Some people engage in behavior that makes their bipolar disorder worse (e.g. abusing drugs or alcohol or staying up all night to try and become hypomanic). People who are very hypomanic, manic, depressed or suicidal sometimes may see no need for treatment or help. Sometimes the symptoms themselves (e.g. depression) cause the person to isolate themselves from the support they need. See Box 6 for a few suggestions about what to do if the person refuses to treat their bipolar disorder or refer to bipolarcaregivers.org for more detail on this topic.

Box 6: A few suggestions if the person refuses to treat their bipolar disorder

If the person refuses to seek treatment, assess if it is urgent that they get treatment:

- People with bipolar disorder who are very ill or at risk of harming themselves or others need urgent treatment and you can assist them to access it (see dealing with a bipolar crisis above).
- If the person who refuses treatment finds it hard to function and has symptoms of depression but is not suicidal, still offer to assist them to access treatment.

Consider mentioning how treatment might help in terms of what is important to the person (e.g. might help reduce unpleasant symptoms, make it easier for the person to achieve a goal they value, or prevent negative consequences).

For more suggestions about what to do if the person refuses to treat or manage their bipolar disorder or refuses your help see bipolarcaregivers.org.

Take care of yourself too

You may feel upset, angry or uncertain at times when dealing with someone you care about who has bipolar disorder. Caregivers are at risk of developing depression and other health problems. It is much more difficult to provide support if you are unwell. Consider your own wellbeing when working out ways to support the person with bipolar disorder (see the summary on 'Taking care of yourself' or bipolarcaregivers.org).



References

1. Smith LA, Cornelius V, Warnock A, et al. Effectiveness of mood stabilizers and antipsychotics in the maintenance phase of bipolar disorder: a systematic review of randomized controlled trials. *Bipolar Disord* 2007; 9(4): 394-412.
2. Baldessarini RJ, Tondo L, Davis P, et al. Decreased risk of suicides and attempts during long-term lithium treatment: a meta-analytic review. *Bipolar Disord* 2006; 8: 625-639.
3. Morriss RK, Faizal MA, Jones AP, Williamson PR, Bolton C, McCarthy JP. Interventions for helping people recognize early signs of recurrence in bipolar disorder. *Cochrane Database Syst Rev* 2007; 24: 1



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