

Bipolar disorder - your guide

This guide provides information and advice about bipolar disorder in adults.

It has been produced by psychiatrists – medical doctors who are experts in mental health – with input from consumers and carers. It is based on up-to-date scientific evidence.

This guide is for:

- people who have bipolar disorder
- people who think they might have bipolar disorder
- their family and friends.

Table of contents

About bipolar disorder	2
Treatment of bipolar disorder	5
Who can help with bipolar disorder?	8
Self-care for bipolar disorder	10
Helping someone with bipolar disorder	12

Key facts

- Bipolar disorder is a mental illness that affects a person’s mood and energy levels.
- People with bipolar disorder have unusual ups and downs in mood and energy, which can be extreme.
- A diagnosis of bipolar disorder is usually made by a psychiatrist. Some GPs (family doctors) and clinical psychologists can also diagnose bipolar disorder.
- Bipolar disorder is a lifelong condition, but the symptoms can be well controlled. Most people with bipolar disorder live full, normal lives.
- The right treatment for bipolar disorder can control symptoms, help people get back in control of their thoughts, feelings and actions and avoid suicidal thinking or self-harm.
- Treatments for bipolar disorder include medications for mania, hypomania and depression, medications to prevent the return of symptoms, psychological treatments (talking therapy), and sometimes electroconvulsive therapy (ECT).
- People with bipolar disorder can stay well for longer by learning to avoid and cope with stress, looking after their general health, and understanding their warning signs.
- For family members and friends of someone with bipolar disorder, it can be helpful to learn about the condition, know what to do when the person has symptoms, know how to get help, and get support for themselves.

About bipolar disorder

What is bipolar disorder?

Bipolar disorder is a mental illness that affects a person's mood and energy levels.

Everyone has highs and lows, but people with bipolar have extreme ups and downs in mood. These mood changes can be distressing for them and other people. They can affect how they live their life, and even put them in risky situations. Between these mood swings, however, they feel and act normally.

People with bipolar disorder have times when their highs are extreme and they have too much energy. These highs are called 'mania' when severe, or 'hypomania' when less severe.

Most people with bipolar disorder also have times when they feel extremely down. They can feel hopeless, helpless or empty. This is called bipolar depression.

In the past, bipolar disorder was called 'manic depression'.

Bipolar disorder is a lifelong condition, but with the right treatment the symptoms can be well controlled.

Types of bipolar disorder

There are two types of bipolar disorder: bipolar one disorder (bipolar I disorder) and bipolar two disorder (bipolar II disorder).

People with bipolar I disorder have mania, and most also have depression.

People with bipolar II disorder have hypomania and depression.

Doctors use these categories to help them choose the right treatment.

What causes bipolar disorder?

There is no single cause of bipolar disorder. It can be caused by different things in different people.

We know that bipolar disorder changes how the brain works, and this causes symptoms of mental illness.

Some things that make it more likely that someone will develop bipolar disorder are:

- having particular genes
- stress while a child or teenager (e.g. trauma or illness)
- using drugs.

There is still a lot about the causes of bipolar disorder that isn't yet well understood.

When someone already has bipolar disorder, their symptoms can be brought on by stress.

Who gets bipolar disorder?

Around 1 in every 100 people will have bipolar disorder (I or II) during their life.

It is seen in males and females, and in all countries and cultures.

For people with bipolar I, symptoms usually begin during their late teens, with depression.

For bipolar II, symptoms tend to start later, when the person is in their late 20s.

Symptoms of bipolar disorder

People with bipolar disorder have extreme highs (mania or hypomania) and most also have lows (bipolar depression).

Different people have these in different combinations. For example, people can have:

- mostly mania/hypomania
- mostly depression
- depression followed by mania/hypomania
- features of both at the same time (this is called 'mixed states').

Between these mood swings, however, they feel and act normally.

People with bipolar disorder usually have depression for much more of the time than they have mania or hypomania.

Bipolar is different for everyone, but a common pattern is that someone will have at least one episode of bipolar symptoms every few years, with each episode lasting for a few months.

Some people have 'rapid cycling' bipolar, which means they have at least four episodes per year.

Mania and hypomania

During an episode of mania or hypomania, a person becomes much more active and energetic than normal.

It can feel like being in an extremely good mood or like being on a high, or it can make you irritable.

It can make you feel like socialising with other people much more than usual, or easily annoyed.

Mania is more severe than hypomania.

A person with mania or hypomania may not notice that anything is unusual, but people around them will notice they are acting differently.

Someone with mania or hypomania might:

- believe they are very special and important (for example that they can save or control the world)
- feel less need for sleep
- talk much more than normal
- have racing thoughts or a lot of ideas at once
- be easily distracted
- work or study harder, socialise much more, be more competitive or more sexually active than usual
- act impulsively or in a risky way (e.g. go on a spending spree, drink lots of alcohol, use illegal drugs, or have sex without thinking of the consequences)
- show poor judgement (e.g. make reckless business decisions, or drive fast and dangerously).

During mania, a person can sometimes lose touch with reality. They may falsely believe they have unusual or great abilities, or may have psychosis. Someone who has psychosis might have very strange beliefs that are abnormal or not true (delusions) or hear or see things that are not real (hallucinations).

Depression

Almost everyone with bipolar disorder will have times of depression. Bipolar depression involves feeling down and not being able to enjoy the things that usually bring pleasure.

Someone with bipolar depression may:

- move slowly or look agitated
- think about death or suicide
- overeat or lose their appetite
- feel worthless or guilty.

Bipolar depression can be very severe. It can lead to self-harm or suicide.

Why it's important to get help early

Early medical care is vital to a good recovery. The sooner you get help, the more chance you have of getting the correct diagnosis and getting effective treatment and help to manage your problems.

Where to get help

In Australia

- Your GP (family doctor) can refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- Your local mental health service – assessment and treatment at public mental health centres is free.

📍 Find a psychiatrist near you

yourhealthinmind.org/find

📍 headspace, Australia's National Youth Mental Health Foundation

headspace.org.au

In New Zealand

- Your GP (family doctor) can refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- Your District Health Board

Where to get more information

📍 Please visit our online resources page for recommended mental health information, support and services.

yourhealthinmind.org/support

How is bipolar disorder diagnosed?

Bipolar disorder is diagnosed based on a person's symptoms and behaviour.

The diagnosis is usually made by a psychiatrist. Some GPs and clinical psychologists can also diagnose bipolar disorder.

To make a diagnosis, a doctor needs to spend time with the person so they can understand them and their symptoms. The doctor may not make a diagnosis right away. Sometimes they might want to see how the person goes over time, before making a diagnosis.

A medical check-up and tests are needed to make sure the symptoms are not caused by other medical conditions.

The doctor will normally ask about the person's background, including family, friends, social life, housing, employment, and support. They will also ask about lifestyle and habits, including sleep, exercise, and use of alcohol and other drugs. Family or partners can provide important clues, because people with bipolar disorder are not always aware of how their moods affect their behaviour (such as how they act when they have mania).

A person can only be diagnosed with bipolar disorder if they have already had mania or hypomania.

The first symptoms of bipolar disorder are usually of depression. Many people have depression on and off for some time before they have their first episode of mania or hypomania. This means many people are given the diagnosis of depression before finding out they have bipolar disorder.

Can a person recover from bipolar disorder?

Over time, a person with bipolar disorder can get to know their symptoms better, and learn how to stay well.

While there is no cure for bipolar disorder, it can be treated effectively with medication and psychological treatment and the symptoms can be well controlled. This means many people with bipolar disorder can live full lives. Many people with bipolar disorder have responsible jobs and successful careers.

It is not possible to predict how bipolar disorder will affect someone's life, because the symptoms, severity and pattern of illness over time differ widely between people. The impact of the illness also depends on the treatment and support they get to recover and stay well.

The risk of being unable to work or live independently is higher when bipolar disorder remains untreated for a long time or when a person does not get support to continue friendships and normal activities.

Treatment of bipolar disorder

Why should I get treatment?

The right treatment can help you:

- control your symptoms, thoughts, feelings and actions
- get back to school, study or work
- keep your friendships and social life
- avoid suicidal thinking or self-harm and stay healthy.

How is bipolar disorder treated?

Treatment for bipolar disorder has two main aims:

- to deal with symptoms when they occur
- to stop symptoms coming back.

Treatments include:

- medications for mania, hypomania and depression
- medication to stop symptoms returning
- psychological treatments (talking therapies).

In some circumstances, electroconvulsive therapy (ECT) might be recommended.

You and your health-care team will work together to find the treatment that works best for you.

Most people with bipolar disorder will need medication to control symptoms.

Psychological treatments can help you deal with depression, live well with bipolar disorder, and control stress (which can set off mania).

Treatments for mania

If you have mania, you need urgent care from a doctor – even if you feel great.

You will need medication, and you may need to go to hospital. Severe mania is a medical emergency.

Medications for mania include:

- short-term sedatives to calm you down when the symptoms are at their worst.
- antipsychotic medications, such as aripiprazole, asenapine, haloperidol, olanzapine, quetiapine, risperidone, and ziprasidone
- mood-stabilising medications such as lithium, sodium valproate and carbamazepine.

These treatments can also be used to treat hypomania.

ECT is occasionally used to control some types of severe mania. It is a safe and effective treatment.

➤ More about electroconvulsive therapy
yourhealthinmind.org/ect

What works?

People with bipolar disorder do best if they:

- get the right medications
- get psychological treatment
- get education about their illness (individual psychoeducation)
- have a supportive partner, family member or friend involved in their care
- have access to 24-hour crisis support
- have a mental health professional who takes care of planning and coordinating their individual care
- have support to find a job or continue education
- have somewhere safe and affordable to live
- have a healthy lifestyle (eat well, stay physically active, quit smoking and other drugs, get regular sleep).

Treatments for bipolar depression

A combination of medication and a psychological treatment (talking therapy) is the best treatment for bipolar depression.

Medications for treating bipolar depression include:

- antipsychotic medications, such as quetiapine
- mood-stabilising medications, such as lithium
- a combination of an antidepressant medication and a mood stabiliser.

Antidepressants can sometimes set off mania.

People with bipolar depression should only have antidepressants in combination with medications that prevent this happening (mood stabilisers).

ECT is sometimes used for people with severe bipolar depression.

Medication for bipolar disorder

Getting the most out of your bipolar disorder medication

- Take every dose of your medication at the time recommended to you by your psychiatrist.
- When starting a medication, give it time to start working properly.
- Don't change your medication without talking to your psychiatrist.
- If you have symptoms that you think could be a side effect of medications, tell your doctor as soon as possible.

How long will I have to keep taking medication?

Most people need to keep taking medication long-term to stop symptoms returning.

After recovering from mania or depression, you will normally need to continue your medication for weeks or months. After that, your doctor may adjust your treatment.

If you take your medication regularly, you have less chance of having mania or depression. Some people will be advised to keep taking medication for many years.

What are the possible side effects?

Bipolar disorder medications can sometimes cause side effects, especially when you start a new medication.

Side effects differ between medications and between people. Ask your doctor or pharmacist to explain the possible side effects of your medication. You can ask for a printed leaflet, or read about the medication at:

🔗 NPS Medicinewise
www.nps.org.au

🔗 New Zealand Medsafe
www.medsafe.govt.nz

🔗 More about psychiatric medications
yourhealthinmind.org/medication

If you have side effects that bother you, speak to your doctor about them. They will carefully assess how the medication is working for you as well as the side effects.

They might be able to reduce the side effects by changing the dose of the medication, or switching to a different medication. Some side effects can be treated with other medications.

Some medications for bipolar disorder can cause problems such as:

- nausea
- headache
- weight gain
- fluid retention
- drowsiness or sleepiness
- constipation
- sexual problems (e.g. problems getting an erection, not feeling aroused, or problems reaching orgasm)
- increased levels of blood fats (lipids) and glucose
- high blood pressure
- breast problems
- skin problems
- dizziness or light-headedness
- problems with nerves and muscles
- blurred vision
- dry mouth.

Most people will only have one or two side effects.

Taking medication every day

Many people find it hard to keep taking their medication.

If you have trouble remembering to take your medication, or you are taking several different medications, ask your pharmacist to package the tablets in containers with compartments for each day. They might use a blister pack (sometimes called a Webster-Pak or Medico Pak) or a plastic container (called a dosette box).

It is a good idea to always go to the same pharmacy so they can keep track of all your medications and give advice about them when needed.

Medications during pregnancy and breastfeeding

If you are pregnant, planning to become pregnant, or breastfeeding, it is essential to discuss this with your doctor.

It's best to be cautious about using medications during pregnancy. Often medications can be changed, reduced in dose or even stopped during pregnancy and breastfeeding. This needs to be done under careful supervision by a psychiatrist who is skilled in this area.

Your psychiatrist can help you to make decisions about medication, based on your needs and your baby's safety.

Questions to ask about your medication

What is the name of the medication?

How will it help me?

What dose am I on? Can this be increased or decreased if necessary?

When and how often do I take it?

What are the side effects?

Can I have beer, wine or other alcoholic drinks while I am on medication?

Can I take the medication with other medications that I am taking?

What should I do if I forget to take the medication?

How long will I have to take the medication?

How will I know if the medication is working or not?

What is the cost of the medication?

- interpersonal and social rhythm therapy – aims to reduce stress, improve relationships, and set up a pattern of regular sleep.

For psychological treatment to work, you and your therapist need to work well together. This means being honest, and being able to trust them.

➤ More about psychological treatment

yourhealthinmind.org/psychological

Will I have to go to hospital?

Your usual treatment will involve regular visits to your GP, hospital outpatient clinic, a psychiatrist, a psychologist or other therapist.

There may be times when you need to stay in hospital. If you have severe mania or depression, going to hospital will keep you safe, allow for close monitoring of medications and get your symptoms under control.

Your doctor may also arrange a hospital stay if you are at risk of harming yourself or other people, or if you have not been eating or drinking enough.

➤ Going to hospital for psychiatric treatment

yourhealthinmind.org/hospital

Can I be forced to have treatment?

Having mania or hypomania stops you being able to think clearly and avoid risks. At the time, you may not believe you need treatment.

You can be given treatment without your consent if you are at risk of harming yourself or others. This is called involuntary treatment. If the risks are very severe you may have to spend time in hospital while you receive treatment.

If this happens, your doctor should give you a booklet that explains your rights. If you don't get a booklet, ask for it.

Involuntary treatment can only continue while it is necessary to keep you safe. You, and your family or carers, have the right to have the decision reviewed by an independent authority, such as a court or tribunal.

Psychological treatment for bipolar disorder

Psychological treatment aims to help you learn skills to:

- cope with having bipolar disorder
- have fewer episodes of mania or depression
- recognise the signs of mania or depression early, so you can get treatment
- improve your quality of life.

Treatments are provided by trained therapists (e.g. psychiatrists, other doctors, or psychologists).

Psychological treatments that are effective for bipolar disorder include:

- cognitive behavioural therapy (CBT) – a type of psychological treatment that asks you to challenge unhelpful thoughts
- psychoeducation – a program to help you become an expert in managing your own illness
- family-focused therapy – helps whole families learn to communicate and solve problems better, to reduce stress on the person with bipolar disorder

Who can help with bipolar disorder?

You and your family will need to understand who provides which type of care in the region where you live.

A range of mental health-care workers might be involved in your care, including:

- GP (family doctor)
- psychiatrist
- psychologist
- case manager
- mobile assertive outreach team.

➤ More about mental health workers
yourhealthinmind.org/who

If you are Māori, Aboriginal or a Torres Strait Islander you may want to ask your health-care team to work with a cultural advisor or Indigenous health worker (e.g. Māori health worker or Aboriginal and/or Torres Strait Islander health worker).

If you are deaf or hard of hearing, an experienced mental health Auslan/NZSL interpreter can be provided.

Working with your health-care team

- Tell them if anything is worrying or frightening you.
- Try to be honest with them.
- If they say anything you don't understand, ask them to explain.

Psychiatrists: their role in treating bipolar disorder

Psychiatrists are medical doctors who are experts in mental health. They are specialists in diagnosing and treating people with bipolar disorder.

Psychiatrists have a medical degree plus extra mental health training. They have done at least 11 years of university study and medical training.

Psychiatrists often lead teams of other mental health workers. The team will work with you to decide how you will be treated.

A psychiatrist can help with:

- making the right diagnosis (important for getting the right treatment)
- working out which type of psychological treatment is best for you
- choosing and fine-tuning your medication
- treating problems with alcohol and other drugs
- treating other problems (e.g. anxiety).

➤ More about seeing a psychiatrist
yourhealthinmind.org/appointment

Cost of treatment

Ask about how much your treatment, including medication, will cost.

If you are referred to a private psychiatrist, ask your GP to explain about fees and whether you will be eligible for a rebate.

➤ More about the cost to see a psychiatrist
yourhealthinmind.org/cost

➤ More about using private health insurance to pay for mental health care
yourhealthinmind.org/insurance

Questions to ask about your health-care team and your treatment

- Who is the main doctor who will manage my bipolar disorder?
- Who else is involved and what are their roles?
- How will my GP be involved?
- If my GP needs information about my treatment or my illness, who should they contact?
- Who will prescribe medication and check it is working?
- What is our plan for what to do if my symptoms come back or get worse? (sometimes called a relapse recovery plan)
- Do all members of my health-care team have a copy of my treatment plan?
- Do all members of my health-care team have a copy of my relapse prevention plan?
- Will my information be kept confidential from other people? Can I choose who my information can be shared with (e.g. a trusted family member)?

What to do if you believe your treatment is not good enough

You should receive care from health professionals who are up to date in their knowledge of bipolar disorder.

If you do not think you are getting the level of care you need, tell someone – don't keep quiet.

Confidentiality

Your health-care team will make sure that information about you is kept confidential.

Sometimes they will need to share information with other health-care professionals, to keep you safe and support you better.

It is important for family and carers who support you to be given enough information to be able to help you properly. This does not mean that everything about you will be shared with other people – only the information that is really necessary to provide safe care and support you.

Self-care for bipolar disorder

What can I do to help myself?

Learn how to manage your own stress

- Do something you find relaxing (e.g. go for a walk, cook, watch TV, go swimming).
- Have a technique for 'active' relaxation and use it every day (e.g. meditation, yoga or mindfulness-based practices).
- Learn some problem-solving techniques (e.g. looking at one problem at a time, brainstorming with someone you trust to find ways to solve the problem).
- Learn stress management techniques. If you have a case manager they may be able to help, or your GP can refer you to a psychologist to help with this.

Understand your warning signs

Pay attention to changes in your body and in your thinking:

- Use a mood diary to help you to keep track of your mood patterns.
- Tell your mental health team or psychiatrist as soon as possible if you think something is going wrong.
- Avoid situations that you know trigger mania.
- Make a plan about how to deal with early signs of relapse. Involve your close friends and family.

Look after your body

Having a healthy lifestyle is part of your treatment:

- Try to keep up healthy eating habits and do regular exercise. Your health-care team can give you advice on how to do this.
- If you smoke, try to stop. Smoking can interfere with your medications and stop them working properly. There are a range of programs to help people quit, so ask your doctor or case manager about what is available in your local area. Usually people need many attempts before they finally quit, so keep trying.
- If you use alcohol, drink sensibly. Heavy drinking makes it harder to control your ups and downs. It can make it hard to remember to take your medication and look after your physical health.
- Avoid illegal drugs. Taking illegal drugs puts you at risk of having an episode of mania or depression, and of being hospitalised. Stimulants such as

amphetamines (speed, ice) or ecstasy can bring on severe mania and psychosis.

- Don't have too much caffeine.
- Have a stable sleep pattern, with a regular bed time and wake-up time.

Get the most out of your treatment

- Try to see the same health-care professionals.
- You are an expert in your own symptoms and experiences. Your doctors are experts in the science and treatment of bipolar disorder. Both types of knowledge are important for managing your bipolar disorder, so you need to talk openly.
- Keep taking your medication – don't skip doses or give up.
- Attend all of your appointments. You will need to have health check-ups and screening tests to help you look after your physical health.
- Involve your family.
- Your partner or family can be an important part of your team. They can help you stay well, and help you make the best choices when you have symptoms.
- Your mental health professionals should include your partner or family when providing information and making decisions, if you would like them to be involved.

Make a relapse recovery plan

Ask your doctor to help you make a relapse recovery plan.

Your plan should include:

- early signs of mania or depression
- stressful situations that might bring on your bipolar symptoms
- what you can do (e.g. take extra medication, stop drinking alcohol, get enough sleep)
- who to contact first if you have symptoms
- when to contact your GP or psychiatrist (e.g. your partner will call your psychiatrist if your symptoms last more than two days).

Your plan should be written down and shared with your partner or family and all your health professionals. Your GP could coordinate this.

Pregnancy and bipolar

If you are pregnant, planning to become pregnant, or breastfeeding, talk to your psychiatrist as soon as possible.

It's best to be under the care of a psychiatrist while you are pregnant and after your baby is born.

This is because your medications might need to be adjusted to keep you and your baby safe. Also, childbirth is a stressful event, and can bring on bipolar symptoms in some people.

Children

If you have children, your plan should also include who will look after them and how to organise this. Information on how to make a family care plan is available from:

Australia

- Children of Parents with a Mental Illness (COPMI)
www.copmi.net.au

New Zealand

- Supporting Parents, Healthy Children Ministry of Health Guideline
www.health.govt.nz

Support groups

Many people find that they benefit from contact with others who also have a diagnosis of bipolar disorder. Recovery is harder and slower when you are lonely. Self-help groups can help you get support and information.

The friendly support you get from your support group reminds you that you are not alone – other people have mental illnesses and are coping with many of the same problems as you.

Australia

- Black Dog Institute
www.blackdoginstitute.org.au

New Zealand

- Mental Health Foundation
www.mentalhealth.org.nz

Counselling

Talking to someone is an important part of treatment.

Your case manager and psychiatrist can provide general counselling and support during and after an episode of mania or depression.

- More about counselling services
yourhealthinmind.org/support

Internet and phone apps

Websites designed by experts to help people manage their bipolar disorder include

- Bipolar Wellness Centre
www.bdwellness.com
- My Compass
www.mycompass.org.au
- New Zealand Mental Health Foundation has a list
www.mentalhealth.org.nz

Mental health treatments on the internet work best when your psychiatrist is involved.

Some of the information about mental health on the internet is not correct or helpful. If you are not sure or can't find what you are looking for, talk to your health-care team.

Coping with bad times

Suicidal thinking is usually only temporary, but it is dangerous to try to cope with it on your own.

Your relapse recovery plan should include information about who to call if you need help, including when your normal doctors are not available.

Public mental health crisis assessment teams (sometimes called CAT teams) are trained mental health professionals linked to your local health service. In a crisis, you can call them to speak about your situation, treatment and symptoms.

If necessary, they can visit you or arrange follow-up with your own treatment team.

Ask your case manager/key worker for the phone number, and keep it with you.

Steps to surviving depression and suicidal thoughts

Tell someone – your doctor, case manager, relatives, or friends.

Get help – your doctor or case manager can help you manage your emotions. In an emergency you can call your local public mental health crisis assessment team (sometimes called a CAT team).

Don't be alone – try to stay around people and keep active.

Helping someone with bipolar disorder

Is it an emergency?

Get help immediately if the person:

- has deliberately hurt themselves
- talks about suicide or about harming someone else (read our factsheet on helping a suicidal person)
- is disorientated (does not know who they are, where they are, or what time of day it is)
- has hallucinations (hearing or seeing things that are not real) or delusions (very strange beliefs, often based on the content of the hallucinations)
- is confused or not making sense
- makes unrealistic plans.

If the person has any of these symptoms, call 000 in Australia or 111 in New Zealand, or visit the emergency department at your nearest hospital.

Bipolar disorder doesn't just affect the person with the illness. It also affects their family and friends.

Often people who are close to the person with bipolar disorder are under stress. They may be confused and unsure about the illness and their role in helping the person recover. They may be afraid of accidentally doing something that could make things worse.

Sometimes when a person with bipolar disorder is unwell they may turn against people they are normally close to.

How to help someone with bipolar disorder

If you are a family member, friend or carer of someone with bipolar disorder, these are some things you can do to help:

- Stay in touch with person's health-care team (with the person's consent).
- Have a plan for what to do if the person shows signs of hypomania or mania.
- While someone is manic and not thinking clearly, try to stop them from making important decisions so they don't risk losing money, their job or their reputation.
- Reassure the person that you are on their side.

Things that do not help

Try to avoid these common reactions:

- blaming the person for their actions when they are not able to judge correctly
- telling the person to change their behaviour or act normally – instead, explain how their actions affect you.

How your family can help

Family members can:

- keep giving you love and emotional support
- help you solve problems
- help you get through your daily routine when things are hard
- help you identify early warning signs
- help you get the best care
- help you get back to your social life, study or work
- help you explain to your health-care team what is important to you and what you need to be well
- help you keep track of your symptoms and any side effects of medication. Sometimes another person can see improvements or problems that you cannot see. This can help you and your health-care team work out which treatment is most effective for you.

What happens if the person doesn't want help?

When someone with bipolar disorder has symptoms of hypomania or mania, sometimes they don't realise that they are thinking and acting strangely. Some people enjoy the feeling of mania and don't want it to stop.

They might believe they don't need their medication, stop taking it, or hide it.

Sometimes a person has to go through several episodes of mania before they agree to take medication.

This can make it hard for families and friends, who can see the benefits of medication. It can lead to disagreements between the person and their family.

Generally an adult has the right to refuse treatment. But they can be treated without their consent to reduce the risk of serious harm to themselves or others, or the risk that their health will seriously worsen.

Looking after yourself when you are a carer

Caring for someone with bipolar disorder can be emotionally and physically exhausting.

It can be helpful to:

- Find reliable information and support if you feel you need to – for yourself and other family members.
- Join a self-help group for carers of people with a mental illness so you can talk about your thoughts and feelings with others who truly understand.
- Look out for psychological symptoms of your own that may be caused by the situation (e.g. depression), and get treatment. Your GP can refer you to someone who can help.

Organisations that provide support and information for families

Australia

Mental health carers helpline 1300 554 660

SANE helpline 1800 187 263

↪ Bipolar caregivers

www.bipolarcaregivers.org

New Zealand

Supporting families
in mental illness 0800 732 825

More information and support

↪ Visit our website about mental health
yourhealthinmind.org

How this guide was prepared

The information in this guide is based on the RANZCP clinical practice guideline for psychiatrists and other health professionals who care for people with bipolar disorder.

The full RANZCP clinical practice guidelines for the management of bipolar disorder and other mood disorders is available at www.ranzcp.org/guidelines.

Disclaimer

This is a general guide only, and does not replace individual medical advice. Please speak to your doctor for advice about your situation. The RANZCP is not liable for any consequences arising from relying on this information.

About us

Psychiatrists are doctors who specialise in mental health.

The Royal Australian and New Zealand College of Psychiatrists:

- trains and supports psychiatrists
- advocates for better mental health for our communities
- sets standards in psychiatry.

Source

Malhi G, Bassett D, Boyce P, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. Australian and New Zealand Journal of Psychiatry 2015; 49: 1087–1206.
Available at www.ranzcp.org/mood-disorders-cpg

© 2017 The Royal Australian and New Zealand College of Psychiatrists

Download this guide from yourhealthinmind.org



The Royal
Australian &
New Zealand
College of
Psychiatrists

