

mind hk



Understanding bipolar disorder

(封面) 認識「躁狂抑鬱症」

Mind HK was founded and is jointly supported by Mind UK and the Patient Care Foundation
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This booklet is for anyone experiencing bipolar disorder. It explains what bipolar disorder is, and how you can help yourself cope. It also explains what kinds of treatment are available, and what friends and family can do to help

認識「躁狂抑鬱症」

這本小冊子主要簡介「躁狂抑鬱症」及其治療方法。您將會認識如何幫助自己，和親友可如何幫助您。注：「躁狂抑鬱症」為一專業醫療診斷，又稱「雙向情緒病」、「兩極性情緒病」或「雙相情緒病」，簡稱「躁鬱症」。

Contents

What is bipolar disorder?	4
What types of bipolar disorder are there?	8
How does a diagnosis get made?	11
What causes bipolar disorder?	12
How can I help myself cope?	14
What kind of treatments can help?	18
What medication is available?	21
What can I do in a crisis?	23
How can friends and family help?	24
Useful contacts	27

What is bipolar disorder?

Bipolar disorder is a mental health problem that mainly affects your mood. If you have bipolar disorder, you are likely to have times where you experience:

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

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

Depending on the way you experience these mood states, and how severely they affect you, your doctor may diagnose you with a particular type of bipolar disorder (see 'What types of bipolar disorder are there?' on p.8).

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

Bipolar disorder or manic depression?

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

mood or emotions).

Manic episodes

Having a manic episode can sometimes feel exciting and fun, but it can also feel distressing, disorientating or unpleasant. Here are some things you might experience during a manic episode:

How you might feel?	How you might behave?
<ul style="list-style-type: none">• happy, euphoric or a sense of wellbeing• uncontrollably excited, like you can't get your words out fast enough• irritable and agitated• increased sexual energy• easily distracted, like your thoughts are racing, or you can't concentrate• very confident or adventurous like you are special or understand things other people don't• like you are untouchable or can't be harmed• like you can perform physical and mental tasks better than normal	<ul style="list-style-type: none">• more active than usual• talking a lot, speaking very quickly, or not making sense• being very friendly• saying or doing things that are inappropriate and out of character• sleeping very little or not at all• being rude or aggressive• misusing drugs or alcohol• spending money excessively and inappropriately• losing social inhibitions• taking serious risks with your safety

After a manic episode, you might:

- feel very unhappy or ashamed about how you behaved

- have made commitments or taken on responsibilities that now feel unmanageable
- have only a few clear memories of what happened while you were manic, or none at all.

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

How you might feel?	How you might behave?
<ul style="list-style-type: none"> • happy, euphoric or a sense of wellbeing • very excited, like you can’t get your words out fast enough • irritable and agitated • increased sexual energy • easily distracted, like your thoughts are racing, or you can’t concentrate • confident or adventurous 	<ul style="list-style-type: none"> more active than usual • talking a lot or speaking very quickly • being very friendly • sleeping very little • spending money excessively • losing social inhibitions or taking risks

Compared with mania, hypomanic symptoms are likely to:

- feel more manageable – for example, you might feel able to go to work and socialise without any major problems (although people might still notice your change in mood)
- last for a shorter time
- not include any psychotic symptoms.

On the surface, this description might make it seem like hypomania is less serious than mania, but in reality that’s often not the case. A hypomanic episode can still have a significant impact on your life and be very difficult

to cope with.

“On ‘up’ days I chatter 19 to the dozen with anyone to the point it annoys people, and I can’t stay still”

Depressive episodes

Here are some things you might experience during a depressive episode

How you might feel?	How you might behave?
<p>down, upset or tearful</p> <ul style="list-style-type: none">• tired or sluggish• not finding enjoyment in things• low self-esteem and lacking in confidence• guilty, worthless or hopeless• agitated and tense• suicidal	<p>not doing things you normally enjoy</p> <ul style="list-style-type: none">• having trouble sleeping, or sleeping too much• eating too little or too much• misusing drugs or alcohol• being withdrawn or avoiding people• being less physically active than usual• self-harming, or attempting suicide

Many people find that a depressive episode can feel harder to deal with than manic or hypomanic episodes. The contrast between your high and low moods may make your depression seem even deeper.

(See Mind’s booklet Understanding depression for more information.)

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

Psychotic symptoms

Psychotic symptoms can include delusions, such as paranoia, and hallucinations, such as hearing voices.

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

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

Mixed episodes

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

- it can be harder to work out what you're feeling
- it can be harder to identify what help you want
- it might feel even more challenging and exhausting to manage your emotions
- you may be more likely to act on suicidal thoughts and feelings
- your friends, family or doctor might struggle to know how they can support you best.

"The mixed episodes are the worst. The most unpredictable and most dangerous ones, I find them difficult to explain."

What types of bipolar disorder are there?

Depending on the way you experience different bipolar moods and

symptoms, and how severely they affect you, your doctor may diagnose you with a particular type of bipolar disorder. The table below explains some terms your doctor might use

Diagnosis	What it means?
Bipolar I	<p>You may be told you have bipolar I if you have experienced at least one episode of mania which has lasted longer than a week.</p> <p>You might also have experienced depressive episodes, although not everyone does.</p>
Bipolar II	<p>You may be told you have bipolar II if you have experienced both: at least one episode of severe depression; and symptoms of hypomania</p>
Cyclothymia	<p>You may be told you have cyclothymia if: you have experienced both hypomanic and depressive mood states over the course of two years or more; and your symptoms aren't severe enough to meet the criteria for a diagnosis of bipolar I or bipolar II.</p> <p>This can be a difficult diagnosis to receive, because you may feel that you are being told your symptoms are 'not serious enough'. But in fact cyclothymia can have a serious impact on your life</p>

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

"[I have] cyclothymia. It can make you feel more like it must be all in your head as the symptoms are often not as extreme as bipolar."

How often do bipolar episodes occur?

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

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

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

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

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

stable for years in between episodes, although for some people periods of stability can be much shorter.

"It's a lot harder coming to terms with being stable [...] than I could have imagined. I've had to struggle with a 'new' identity

and way of life after spending so many years thinking the ups and downs of bipolar are 'normal'.

Rapid cycling

You may be told your bipolar is rapid cycling if you have experienced four or more episodes of mania or hypomania followed by depression within a year. This might mean you feel stable for a few weeks between episodes, or that your mood can change as quickly as within the same day, or even the same hour.

Currently, rapid cycling is not officially considered a separate type of bipolar disorder, but more research is necessary to know for sure.

How does a diagnosis get made?

To make a diagnosis your doctor will ask you about:

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

They may also:

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

You can only be diagnosed with bipolar disorder by a mental health professional, such as a psychiatrist – not by your GP. However, if you're experiencing bipolar symptoms, discussing it with your GP can be a good first step. They can refer you to a psychiatrist, who will be able to assess you.

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

How long does diagnosis take?

Because bipolar disorder involves changes in your moods over time, your doctor may want to observe you for a while before making a diagnosis. Bipolar disorder also has some symptoms in common with other mental health diagnoses (such as depression, borderline personality disorder (BPD), schizoaffective disorder and schizophrenia), so your doctor may want to take care that they diagnose you correctly. Because of this it might take a long time to get a correct diagnosis – sometimes it can take years.

What can I do if I disagree with my diagnosis?

If you feel the diagnosis you've been given doesn't fit the way you feel, it's important to discuss it with your doctor. (See Mind's booklet “The guide to seeking help for a mental health problem” for information on how to make sure your voice is heard, seeking a second opinion and what you can do if you're not happy with your doctor.)

“I was diagnosed with BPD first because of the overlap in symptoms between bipolar II and BPD.”

What causes bipolar disorder?

No one knows exactly what causes bipolar disorder. Lots of recent research has focused on looking for causes in genetics or the biology of the brain, but many researchers also believe social factors may play a part, such as difficult life events or experiencing trauma as a child.

Childhood trauma

Some experts believe you may develop bipolar disorder if you experienced severe emotional distress as a child, such as:

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

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

Stressful life events

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

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

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

Self-esteem problems

Some researchers believe that a manic episode may be a way to escape from feeling very depressed or having very low self-esteem. It may be that when you feel very bad about yourself, mania increases your self-confidence to help you cope.

Brain chemistry

Evidence shows that bipolar symptoms can be treated with certain psychiatric medications, which are known to act on the neurotransmitters (messenger chemicals) in your brain. This suggests that bipolar disorder may be related to problems with the function of these neurotransmitters – and this is supported by some research. However, no one knows for

certain what exactly these problems are, or what causes them.

Genetic inheritance

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

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

Can drugs cause bipolar disorder?

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

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

How can I help myself cope?

Bipolar disorder can make you feel like you have little control. However,

there are lots of things you can do to manage your symptoms and increase your wellbeing.

Get to know your moods

- Monitor your mood. It can be helpful to keep track of your moods over a period of time. You could try using a free mood diary online, (see 'Useful contacts' on p.27).
- Understand your triggers. For example, if you often feel high after a late night or low when facing a deadline, it can help to recognise these patterns. Then you can take action to avoid the trigger, or minimise its impact.
- Learn your warning signs. You may start to notice that there is a pattern to how you feel before an episode. This could be changes in your sleeping pattern, eating patterns or appetite, or in your behaviour.

Being aware that you are about to have a change in mood can help you make sure you have support systems in place and that you can focus on looking after yourself. It can also help to discuss any warning signs with family and friends, so they can help you notice changes.

"[I have to] be careful how much social contact [I] have – too much can send [me] high. [I have to] start saying 'no' to demands."

Take practical steps

- Stick to a routine. Having a routine can help you feel calmer if your mood is high, motivated if your mood is low, and more stable in general. Your routine could include:
 - day-to-day activities, like when you eat meals and go to sleep
 - time for relaxation or mindfulness
 - time for hobbies and social plans
 - taking any medication at the same time each day – this can also help you

manage side effects and make sure that you have a consistent level of medication in your system.

- Manage stress. Stress can trigger both manic and depressive episodes. (See Mind's booklet *How to manage stress* for guidance on what you can do to make sure you don't get stressed, and how to look after yourself when you do.)
- Manage your finances. You can contact National Debtline for free, impartial financial advice (see 'Useful contacts' on p.27).
- Plan ahead for a crisis (see 'What can I do in a crisis?' on p.23).

Look after your physical health

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

'The trick [for me] is not to be seduced by the 'high' and to look after [my]self – get enough sleep, good nutrition.'

Friends and family

The people closest to you can be really important in helping you manage your mood. (See 'How can friends and family help?' on p.24 for ideas about the kind of support they can offer you.)

When I tip the balance by going too high or low, I approach people for support.

Peer support

Making connections with people with similar or shared experiences can be really helpful. You could try talking to other people who have bipolar

disorder to share your feelings, experiences and ideas for looking after yourself.

If you're seeking peer support on the internet, it's important to look after your online wellbeing. (See our online booklet [How to stay safe online](#) for more information.)

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

Coping with stigma

Many people have heard of bipolar disorder, but this doesn't mean they understand the diagnosis fully. You might find that people have misconceptions about you or have a negative image of bipolar disorder.

This can be very upsetting, especially if someone who feels this way is a friend, colleague, family member or a health care professional.

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

- Show people this information to help them understand more about what your diagnosis really means.
- Get more involved in your treatment. (See Mind's booklet [The Mind guide to seeking help for a mental health problem](#) for guidance on having your say in your treatment, making your voice heard, and steps you can take if you're not happy with your care.)
- Know your rights. (Search 'legal rights' on our website for details.)
- Take action with Mind. (Search 'campaigns' on our website for details of the different ways you can get involved with helping us

challenge stigma.)

What kind of treatments can help?

It has been suggested that the best treatment for bipolar disorder should include both talking treatments and medication. The exact combination of treatments you're offered will depend on whether you're managing a current bipolar episode, or managing your mental health in the long term.

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

What treatment could I get to manage a current episode?

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

During depressive episodes

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

During manic or hypomanic episodes

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

What should my long-term treatment plan involve?

The aim of treatment should be to help you maintain stable moods and manage your symptoms well. As you start to feel more stable, the majority of your support could come from a community mental health team or your GP, although you should still be in touch with a mental health specialist. Your health professionals should work with you to help

you identify:

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

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

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

How can talking treatments help in the long term?

Talking treatments can help you:

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

Which talking treatments might I be offered?

There are several talking treatments you might be offered to help you manage your bipolar disorder in the long term. These include:

- Enhanced relapse prevention/individual psychoeducation – this is a brief intervention to help you learn coping strategies.

- Group psychoeducation – this involves working in a group of people with shared experiences, led by a trained therapist, to build up knowledge about bipolar disorder and self-management.
- Interpersonal and social rhythm therapy – this looks at any problems you have in communicating and interacting with other people, or relationship problems. It aims to help you balance your sleep cycle, work-life balance and daily routines.
- Family-focused therapy – this involves working as a family to look at behavioural traits, identify risks and build communication and problem-solving skills.

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

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

Is ECT ever used to treat bipolar disorder?

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

- you’re experiencing a long and severe period of depression, or a long period of mania, AND
- other treatments have not worked, or the situation is life-threatening.

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

What medication is available?

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

- Your current symptoms, for example, if you are currently experiencing a manic or depressive episode.
- Your past symptoms, such as whether you are mainly manic or mainly depressed, and how long the episodes have lasted.
- How you have responded to treatments in the past.
- The risk of another episode, and what has triggered episodes in the past.
- Your physical health, in particular whether you have kidney problems, weight problems or diabetes.
- How likely you are to take the medication consistently.
- Your sex and age (for example, if you are female and could become pregnant your doctor shouldn't offer you valproate, as it carries significant risks to your baby).
- In older people, a test of mental processes such as the one used to diagnose dementia.

Before prescribing you any medication, your doctor should explain to you what the medication is for, and discuss any possible side effects and alternative treatment options.

Lithium for bipolar disorder

Lithium can be a very effective treatment for mania, but is less effective at treating severe depression. It seems to be most effective for:

- repeated episodes of mania without depression
- episodes of mania and depression with stable periods in between
- people who have a family history of bipolar disorder
- forms of the problem where there is no rapid cycling.

It's still sometimes considered as a possible treatment if you have had three or more periods of serious depression within five years, involving hospital admission, especially if you had symptoms of psychosis. However, in these situations, people often experience repeated episodes, even with lithium treatment.

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

Anticonvulsants for bipolar disorder

There are three anticonvulsant drugs used as mood stabilisers which are licensed to treat bipolar disorder: carbamazepine (Tegretol); valproate (Depakote, Epilim) and lamotrigine (Lamictal).

Carbamazepine and valproate are comparatively effective in treating:

- mixed episodes
- rapid cycling
- very severe mania with psychosis
- additional anxiety disorders or substance misuse
- people who have little or no family history of bipolar disorder
- symptoms that occur after neurological illness or brain injury.

Lamotrigine has antidepressant effects and is licensed to treat severe depression in bipolar disorder.

Antipsychotics for bipolar disorder

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

- olanzapine (Zalasta, Zyprexa, ZypAdhera)
- quetiapine (Atrolak, Biquelle, Ebesque, Seroquel, Tenprolide, Zaluron)

- aripiprazole (Abilify)
- risperidone (Risperdal, Risperdal Consta).

The antipsychotic asenapine (Sycrest) is also licensed as a mood stabiliser for moderate to severe manic episodes in bipolar disorder. It's not likely you'll be offered asenapine after your first episode, or if your symptoms are not very severe, but you might be offered asenapine if you've found that other medications aren't right for you.

Antidepressants for bipolar disorder

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

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

(For more detailed information about all the drugs described above, including potential side effects and how to take them safely, see our online booklets Making sense of lithium and other mood stabilisers, Making sense of antipsychotics and Making sense of antidepressants.)

What can I do in a crisis?

If you start to feel very unwell, or if an episode of depression or mania is lasting for a long time and your regular treatment isn't working, you might find you need to access emergency support. For example, this could be:

- Going to A&E. If you're worried you may seriously harm yourself you can go to A&E, or call 999 for an ambulance if you're not able to get

there on your own.

- Calling the Samaritans. If you're feeling distressed or suicidal and need to talk to someone right away, they're there 24 hours a day to listen (see 'Useful contacts' on p.30).
- Hospital admission. You can choose to go into hospital as an informal patient. However, if you are very unwell and health professionals have concerns about your safety, it's possible that you could be forced to go to hospital.

Planning ahead

When you're in the middle of a crisis it can be difficult to let others know what kind of help you want. So it can be useful to make a plan for how you want to be treated, while you are well. For example, you might want to make an advance statement, or if you have a crisis team, create a crisis plan with them. Planning ahead for a crisis can also reduce the likelihood that you may need to be sectioned, as those around you will know better how to handle an emergency.

How can friends and family help?

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

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

Be open about bipolar disorder

Being open to talking to someone about their experiences can help them feel supported and accepted. If you find it hard to talk about bipolar disorder or want to learn more, reading through this booklet is a positive first step to take. You can also contact Bipolar UK (see 'Useful contacts' on p.27)

Make a plan for manic episodes

When your friend or family member is feeling well, try talking to them about how you can support them if they have a hypomanic or manic episode. This can help both of you feel more stable and in control of what's happening. You could discuss ideas such as:

- enjoying being creative together
- offering a second opinion about projects or commitments, to help them not take on too much
- if they would like you to, helping to manage money while they are unwell
- helping them keep a routine, including regular meals and a good sleep pattern

Discuss behaviour you find challenging

• If someone is hearing or seeing things you don't, they might feel angry or annoyed if you don't share their beliefs. It's helpful to stay calm, and let them know that, although you don't share the belief, you understand that it feels real for them.

• If someone becomes very disinhibited while manic, they may do things that feel embarrassing, strange or upsetting to you. It can be helpful to calmly discuss your feelings with them when they are feeling more stable. Try not to be judgemental or overly critical; focus on explaining how specific things they've done make you feel, rather than making general statements or accusations about their actions.

Learn their warning signs and triggers

• Most people will have some warning signs that they are about to experience an episode of mania or depression. The best way to learn what these are for your friend or family member is to talk to them. If you have noticed certain behaviours that normally happen before an episode, you can gently let them know.

• Many people will also have triggers, such as stress, which can bring on an episode. You can try to understand what these triggers are for your friend or family member, and

how you can help avoid or manage them.

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

Try not to make assumptions

It's understandable that you might find yourself watching for your friend or family member to start showing symptoms of a bipolar episode, but remember that this might not be the most helpful way to support them. Always keep in mind that it's possible for anyone to have a range of emotions and behaviour while still feeling stable overall.

Try not to assume that any change in mood is a sign that someone is unwell. If you're not sure, talking to your friend or family member is the best way to check.

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

Look after yourself

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

For more information on how to look after yourself see Mind's booklets *How to cope as a carer* and *How to improve and maintain your mental wellbeing*. You can also contact Carers (see 'Useful contacts' on p.27).

Useful Contacts

有用的聯絡

The Mental Health Association of
Hong Kong

香港心理衛生會

tel: 2528 0196

web: www.mhahk.org.hk

Amity Mutual Support Society

恆康互助社

tel: 2332 2759

web: www.amss1996.org.hk

HK FamilyLink Mental Health
Advocacy Association

香港家連家精神健康倡導協會

tel: 2144 7244

web: www.familylink.org.hk

The Samaritan Befrienders Hong
Kong

tel: 2389 2222

web: www.sbhk.org.hk

United Centre of Emotional Health &
Positive Living

聯合情緒健康教育中心

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web: www.ucep.org.hk

Institute of Mental Health Castle Peak
Hospital

青山醫院精神健康學院

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Further Information

Mind HK was founded and is jointly supported by Mind UK and the Patient Care Foundation. At the moment Mind HK is limited to website support but with donations we hope to expand the work that is done. Volunteers welcome to contact: mentalhealth@patientcarefoundation.com.hk

Mind Hong Kong 是由 Mind UK 及 Patient Care Foundation Hong Kong 聯合協辦的機構。在現階段我們只能提供有限度的網上支援。假若有足夠的捐款，我們會進一步擴大服務範圍。如有興趣參與義工團隊，請聯絡：
mentalhealth@patientcarefoundation.com.hk