



Bipolar Disorder and Young People

Bipolar disorder (previously known as manic depression) is a mental illness that causes recurring episodes of depression (lows) and mania (extreme highs). It may begin with either an episode of depression, or an episode of mania, although it is more common for depression to occur first.

When does it occur?

The first onset of bipolar disorder illness is usually late adolescence or early adulthood, an important time of the development of identity, independence, personal relationships and long-term vocational plans. The onset of bipolar disorder at this time can therefore cause considerable disruption to a young person's development if left untreated.

What causes bipolar disorder?

Whilst the exact cause of bipolar disorder is unknown, it is believed that it is related to the interaction of a number of factors including, biological, environmental and individual psychological factors. Young people with a family history of bipolar disorder are at moderately increased risk of developing the condition themselves, although other (as yet unknown) factors which may predispose or protect against this illness also play a part.

Depression

Depression produces a range of changes in person's thoughts, feelings, behaviours and physical well-being. It usually occurs in episodes. A depressive episode tends to build up slowly over a couple of weeks or months. In young people major depression is most likely to manifest as a decline in school performance or performance at work, uncharacteristic moodiness, tension with family members, disruptive or aggressive behaviours, or withdrawal from friends and activities. It can also lead young people to behave in ways that are harmful or dangerous (e.g. binge drinking, cigarette smoking and other drug misuse or involvement in other risky behaviours).

The typical symptoms of depression include:-

- ❖ Persistent feelings of unhappiness, or uncharacteristic moodiness and irritability.
- ❖ Losing interest or pleasure in activities once enjoyed, which may present as complaints of boredom.
- ❖ Losing appetite and weight (although some young people may turn to comfort foods and therefore put on weight).
- ❖ Difficulty sleeping, or sometimes staying in bed well into the day.
- ❖ Tiredness, lack of energy and loss of motivation alternatively feeling anxious or uptight.
- ❖ Difficulty concentrating or in making decisions.

- ❖ Feeling bad, worthless or guilty, or generally be self-critical and self blaming.
- ❖ Negative and pessimistic thoughts.
- ❖ Preoccupation with dark and gloomy themes and thoughts of death or suicide.

The “diagnosis” of major depression requires that the young person has experienced several of the above “symptoms” or changes, for a two week period or more. Practically speaking, any uncharacteristic or prolonged change in a young person’s behaviour at home, school or work may indicate the presence of depression. In such cases assessment for depression is warranted.

“At first people thought Claire would just snap out of it. After all she’d split up with her first boyfriend without too many hassles. But her “grief” and this split-up just seemed to drag on for weeks and get worse. Claire had lost her spark and always seemed sad. Whenever her parents tried to talk to her about it she became angry and told them to leave her alone. Bit by bit Claire became more withdrawn from everyone. She began to miss school and would spend hours in her room alone, often skipping meals.”

Mania

The early symptoms of mania are quite subtle and a person may just appear to be on a bit of a high. Gradually the typical symptoms of mania develop. As a manic episode progresses, the person may start to act in a more driven and / or disorganised manner. Indeed during an episode of mania, a person may experience a distortion of, or loss on; contact with reality, which may resemble that of other psychotic disorders.

Typical symptoms include:-

- ❖ Elevated and / or irritable mood.
- ❖ High levels of energy.
- ❖ Reduced need for sleep.
- ❖ Grandiose plans and ideas, such as a preoccupation with ideas of power or importance.
- ❖ Poor judgement.
- ❖ Markedly increased sex drive.
- ❖ Excessive spending of money.

As the illness progresses, the person may well exhibit thought disorder and / or have delusional ideas.

Thought disorder refers to a pattern of confused thinking. It is difficult to make sense of what the person is trying to say.

Delusions are firmly held, false beliefs out of keeping with the person’s cultural environment. They may be believed despite proof to the contrary. In mania, these beliefs are often grandiose or persecutory in nature. Delusions often gradually build up in intensity, being more open to challenge in the initial stages, before becoming more fixed as the problem worsens.

In time the illness begins to interfere with all aspects of the person’s life, including their relationships with others and their ability to study or work. Drug use may begin or intensify.

“When Peter was becoming unwell, it was hard to tell there was anything wrong at first. In fact he seemed really happy and on top of the world. Over time his family and friends began to suspect that “something was not quite right”. Peter seemed to be always on the go,

stayed up until all hours and wouldn't stop talking. He also started missing work and kept going on about his special project and how he was going to make a million dollars."

" When he came home one day after selling his almost new car for only a couple of thousand dollars, his family became really worried that something was wrong. When they asked him what was going on, he abused them and accused them of trying to steal the idea for his "special project" for themselves."

What can you do?

Young people experiencing bipolar disorder are not always able to understand, or explain what is happening to them. Many do not seek help on their own. Workers working with young people may be in a position to identify a young person experiencing bipolar disorder and assist the young person to get the help they need.

What can be done?

Effective treatments are readily available for bipolar illnesses. The earlier treatment is started, the quicker and better the recovery. With appropriate treatment the majority of young people who experience bipolar disorder will recover.

A person experiencing bipolar will require specialist assistance. Medical treatment for bipolar disorder involves the use of a mood stabilising medication such as Lithium Carbonate (Lithicarb), or Sodium Valproate (Epilim). During a depressive episode antidepressants may also be required and during a manic episode antipsychotic medication may also be needed.

In addition the person may need individual counselling, family support and counselling, practical support, and involvement in a recovery programme which focuses on helping people get back on track. The focus of treatment is to control symptoms, to assist the person to make sense of and overcome the trauma of their illness, and to prevent relapse, by decreasing risk factors, and promoting protective factors.

Advice and referral

If you are working with a young person who you think may have bipolar disorder and you are not sure what to do, it is always best to contact someone with experience in this field and discuss the situation with them. Treatment of bipolar disorder should be carried out by workers with training and experience in dealing with mental health problems. Referral to a GP or specialist mental health worker is necessary.

You can learn more about the Lancashire Early Intervention Service by visiting our website:-

www.hope-health-recovery.org.uk

Email: info@hope-health-recovery.org.uk

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