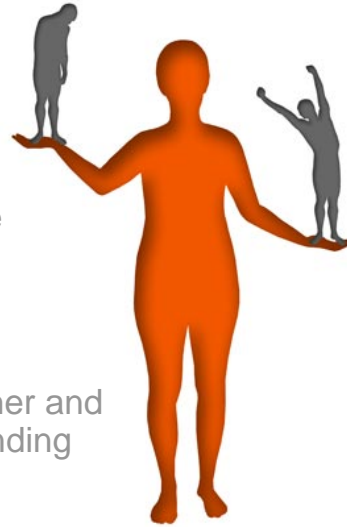


Issues for carers

- Carers can face many challenges in caring for a person who has bipolar disorder
- Help while looking after yourself at the same time
- The carer role can bring people together and sometimes lead to a deeper understanding of oneself.



Carers can face many challenges in caring for a person who has bipolar disorder, and these can parallel the issues faced by the person themselves, but they can also be different. So, for example, things like accepting the diagnosis, learning how it's going to change your lives, these are issues that both people living with bipolar disorder and carers have to face. This presentation will explore how best those close to the person can be of help, but you've got to look after yourselves at the same time. The carer role can bring people together and sometimes lead to a deeper understanding of themselves.

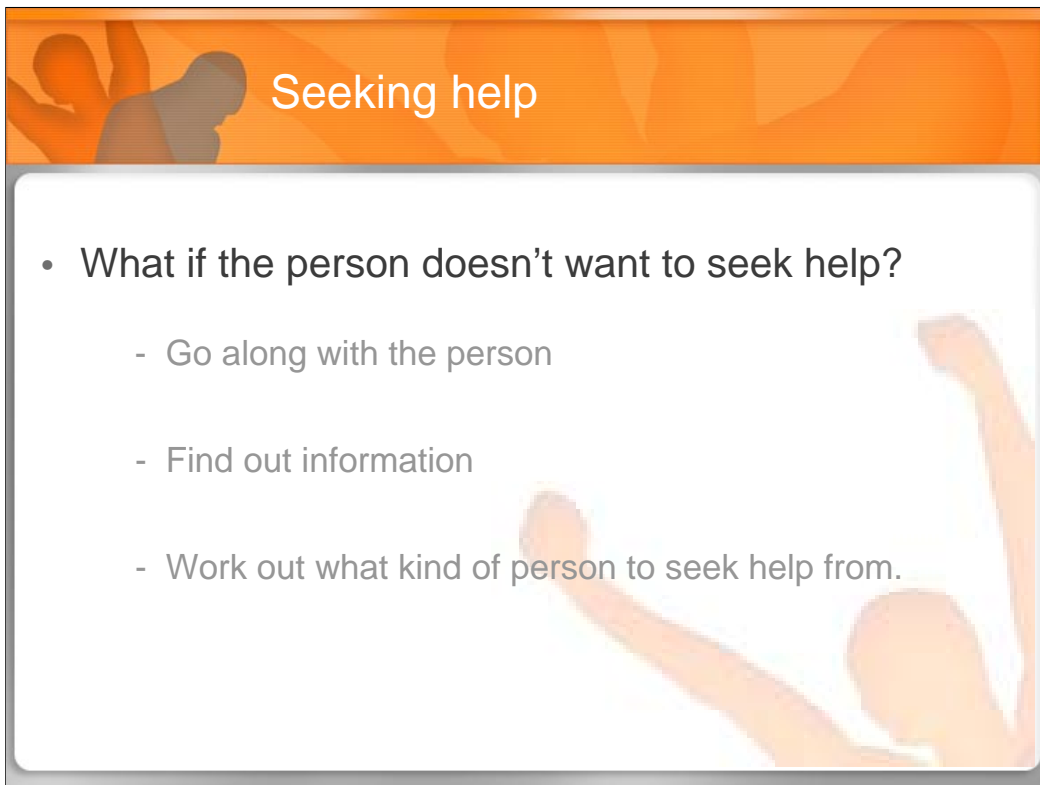
Starting out

- When you've noticed something is not quite right – what can you do?
 - Assessment
 - What's the normal mood pattern?



Prior to the diagnosis, when you've noticed that something doesn't seem quite right, what can you do? A lot of people with bipolar disorder have something like 10 years of symptoms before they actually get a formal diagnosis, so most of us have been through the experience of 'something's not quite right'. You know, the person seems to be more depressed than normal, or they seem to have periods when they're just a bit out of control, or get very elated or what have you, and the people around them are probably more likely to notice that the person's changed. You know, round about spring or summer, for example, the person gets a bit manic, and something doesn't seem quite right. What can you actually do?

It's important for the person to have an assessment. OK, some mood swings are within the normal range of human emotions and feelings, but some certainly aren't, and it's pretty crucial for everyone to sit down and say 'well OK, what is the pattern of mood swings?' Is it normal to have a mood swing in spring? Is it over the top and actually affecting the person's life, and the lives of everybody around them?



Seeking help

- What if the person doesn't want to seek help?
 - Go along with the person
 - Find out information
 - Work out what kind of person to seek help from.

A lot of people with bipolar disorder don't want to seek help, that's often because they may enjoy the manic highs. Often when people do want to seek help, it may be because they're in the depressed phase and life doesn't feel very good right now so they're probably more likely to want to seek help when they're depressed. Some of the ways of encouraging help seeking are to go along with the person. I got diagnosed after my partner persuaded me to go along to see the doctor together and it was then that the doctor started investigating what was actually happening with me and how long my mood swing had actually been going on for. So, going along with the person can help. Getting the person to find out some information about bipolar disorder and basically sitting down and working out the kind of person that the person wants to seek help from. Does your GP, for example, talk to people who have mental health issues? Is there a local counsellor you can go and talk to or is there a specialist unit you can go along to where they will do a special assessment of bipolar disorder?

Key issues and problems for carers

- Medication compliance
- When things go wrong:
 - Avoid criticism and blame
 - Re-establish management plan.



A lot of people don't like taking medication, particularly prophylactic medication that's likely to prevent another episode of manic illness or depressive illness, because you feel slightly sick, you're getting side-effects, why should you continue to take this medication that doesn't seem to do anything for you on a day-by-day basis? So medication compliance is a real issue for people living with bipolar disorder and their family and carers.

What to do when things go wrong? Well, the important thing is to say, 'well, no-one's to blame here', it doesn't really help to keep pointing the finger and say 'well, you should have done this', or 'the doctor should have done that', or 'we should have done this'. Let's have a look at what's actually going on. So, re-establishing your management and your containment plans. What have you decided to do should the person stop taking medication or an episode happens despite everybody's best attempts to stop an episode actually happening?

It's important I think to say who takes responsibility for what. Particularly if everyone is pretty competent and capable most of the time, it's often very hard to say, well look, at the present moment it's not a good idea for you to be taking responsibility for say the finances. Who takes responsibility for what? Who takes responsibility for contacting the medical facility, or the doctor, or works out how to contain the spending at this stage?

Most of the time people with bipolar disorder can look after themselves, and their lives and manage their affairs. But, during times of manic illness, or hypomania or depression, they're not capable of looking after themselves. Or they may be capable of looking after some things, but not others. Carers, family members and professionals often need to work out just what the person can take responsibility for.

The slide features a background of silhouettes of people with their arms raised in a gesture of celebration or triumph. The top of the slide is a solid orange bar with the text 'Access information' in white. The main content area is white with a grey border, containing a bulleted list. The silhouettes are in shades of orange and grey, with some overlapping.

Access information

- Get all the information you can
- Find out what the current practice is
- See what resources are available.

It's really important to get access to information. Frankly, there's a lot of available information these days and it's really important to find out that information, so you can see just what the current practice is and what available resources there are for helping people to live with bipolar disorder.

Relationship issues

- It's important to confront the issue
- Loneliness/isolation – find someone to talk to
- Join a carers support group or speak to a health care professional
- Coping with the unpredictable.

In any relationship with a person living with bipolar disorder everyone gets to the point at one point of 'I can't cope with this anymore', or 'I've supported this person through two episodes and that was pretty devastating for everybody'. People with bipolar disorder do create a lot of strain on relationships and it's important to confront that, and to look at it and to say, 'well, if we're going to stay together, what are the sorts of things we can decide to do to maintain the relationship?'

It's fairly lonely being a carer of someone who has a mental illness. There are issues of privacy and confidentiality, so sometimes carers feel like they can't talk about the problems they are going through with other people. It's important to have someone you can talk to, to share the issues, maybe a carer's support group, maybe talking to a health professional yourself, maybe talking to a close friend or somebody else in the family about what's actually going on.

Some of the other issues, coping with the unpredictable. Every episode of bipolar disorder tends to be different – there may be some similarities but as the person changes and gets older there are going to be some issues that change. So, the things you learnt during the last episode will help, but there may be other things you need to learn in this episode too. And it's fair enough for some people to say, 'look, I don't want to go through that anymore, I don't want to stay in this relationship, I've supported this person and I've extended myself as much as I think I can.' So, this is an issue. Sometimes it might mean that you have to say 'I can't cope with this anymore, the person's going to have to find their own support from somewhere else.'



Some helpful strategies

- Setting structures in place for times of emergency
- Stay well plans ('Ulysses' agreements)
- Work out what is likely to happen
- Work out what the risks are
- Figure out what you can do about it
- Give someone responsibility to contact your work.

It's important to set some structures in place in times of emergency. And these go by various names – you can either call them Ulysses agreements, or stay well plans, or advance directives or appointing an enduring guardian or getting a financial manager appointed. But essentially, all of them have something in common, which is that you work out what is likely to happen, you work out what the risks are, and you figure out what you can actually do about it. So, this include things like, what hospital are you going to go to, what medication would you agree to take, what are the symptoms that everybody agrees upon do indicate that something's happening that you are getting very depressed, or that you're getting quite manic at this stage and, what things need to be protected? So it might mean your reputation for example, is it important to give someone the responsibility to contact your workplace and arrange some sick leave while the medication settles you down? Is it important to make sure you can't access your bank accounts so that you're not putting your finances at risk? Is it important to decide what kind of treatment you would actually have during a period of manic illness or depressive illness?

Who cares for the carer?



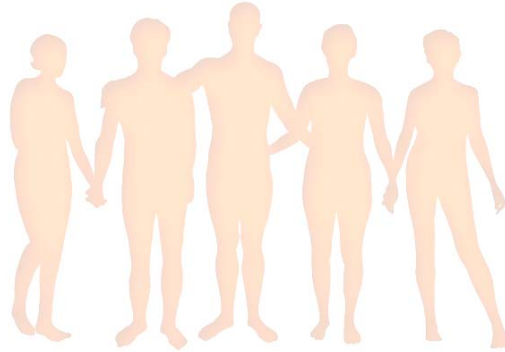
- Important for carers to recognise the stress involved in caring
- Emotional and social support
- Carers' organisations
- Back-up help.

It's important for carers to recognise the stress involved in caring. I mean, frankly, when people are manic, they're not really aware of what's going on around them, particularly the stress they're causing for other people. When they're depressed, they probably don't care about the stress they cause for other people either. So, it's really important for carers to recognise when they're under stress and take some responsibility for looking after themselves.

What emotional and social support are you getting while you're doing the caring for the person who's living with bipolar disorder? Everyone needs two or three friends they can talk to, sure, one might be your partner, but you need a couple of other adult people you can talk to, to just let off steam, to talk about the problems that you're having. To be able to work through some problems with somebody who has a sympathetic and impartial ear. And to have some fun together too, to actually relieve some stress by doing pleasant things together.

A final thought

- It's not all negative!
- Mutual respect and working together help greatly.



Living with somebody with bipolar disorder isn't all negative. You can come through it together, if you respect each other's experiences and work together, that helps a lot. It's important to evaluate what the experience means for both of you. Sure, there's going to be a lot of problems, but there can also be a lot of benefits too. People with bipolar disorder are often creative, charismatic people, and that's probably why you got together in the first place! But it's important to look at what the stresses are involved with living with someone whose mood swings swing from one extreme to the other.