

The role of schools in the detection and management of bipolar disorder in students

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8 October 2009



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Overview

- Problems with recognising bipolar in students
- Observable signs of BD in young people
- BD or regular teenage behaviour?
- Ideas for gathering information on moods at school
- Referral pathways for assessment and management
- How schools can support students with bipolar disorder



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Problems with recognising bipolar in students

- Usually emerges around age 15-18 around time of individuation, rebellious behaviours and peer pressures.
- Moodiness is ubiquitous in adolescents
- Can be masked by behavioural issues, as the symptoms often involve irritability and aggression.
- Substance use common



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Problems with recognising bipolar in students

- Confused with but also comorbid with other disorders, eg anxiety, ADHD.
- Depression can be masked at school, and elevated moods are often a relief for teachers of depressed adolescents.
- Insight is usually limited



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Observable signs of BD in young people

- Rapidly cycling moods (hours to days)
 - Especially including psychosis (hallucinations, strange ideas)
- Acceleration – hyperactive, speech, rapid thoughts
- Tantrums and explosive behaviours
- Impulsivity and risky / inappropriate behaviours eg promiscuous



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Observable signs of BD in young people

- Excessively driven, multiple projects / activities
- Sleep difficulties incl. gory nightmares and night terrors
- Carbohydrate / sweet cravings
- Self Harm
- Extreme agitation
- Extreme anxiety



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BD or Regular teenage behaviour?

- General considerations

- Look for 'trend breaks' – ie clear change in mood states from their previous pattern.
- Look for family history of mood disorder / psychosis
- Look for extremes of feeling and behaviour
- This behaviour is more extreme than their peers



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BD or Regular teenage behaviour?

- Behaviour problems

- Behaviour that varies with moods
- Difficulties don't respond to structure and consequences.
- Look for extremes of behaviour outside normal variation
 - Eg student who makes extreme / disproportionate threats
- Look for a change in functioning (eg Motivated student starts skipping school or disrupting classes)



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BD or Regular teenage behaviour?

- Silly Behaviour / hyperactivity

- Hyperactivity that comes and goes, or is a ‘trend break’
- Pressured speech, rapid ideas, sentences disjoined or running into each other.
- Risk taking is driven and craves ‘thrill seeking” rather than silly / clowning around
- There is a sense of goal-direction to the energy (whether or not a goal is actually achieved)



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BD or Regular teenage behaviour?

- Moodiness

- Look for extremes of mood outside normal variation, plus accompanying behaviour
- Look for family history of mood disorders
- Depression or irritability with extreme agitation
- Evidence of psychosis
- Can have typical or atypical symptoms of depression
 - Eg Poor sleep (or over-sleeping), Poor appetite (or over-eating)



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BD or Regular teenage behaviour?

- Anxiety

- Look for anxious students that have periods of increased confidence, and sociability.
- Can be quite extraordinary changes



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BD or Regular teenage behaviour?

- Self Harm

- Need to ascertain the meaning / function of self harm
- Look for self harm related to mixed mood states
 - Low/upset but restless and agitated
 - May be some psychotic symptoms eg command hallucinations or nihilistic delusions
 - Particularly severe self-harm is often related to mixed mood states
 - Don't rule out bipolar because of trauma background



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BD or Regular teenage behaviour?

- Substance use

- Once again need to work out the meaning and function of the substance use
 - Are they using energy drinks to combat feelings of flatness?
 - Are they smoking cannabis to relieve feelings of racing thoughts and agitation?
- Do the moods occur at times without substance use?



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Ideas for gathering information on moods

- Ask them if you think you have the rapport
- Introduce to helpful websites, eg reachout.com.au
- Inform school counsellor who can review guidance file, discuss with parents and assess the child.
- Can then implement a process of monitoring if there are no overt risks or concerns about mental state – eg communication book in students with behavioural difficulties may be modified to monitor mood as well



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Referral pathways

- Request assessment by GP – often a GP referral is needed to access further services, and can pick up other medical issues eg thyroid / neurological.
- Assessment by specialist CAMHS service advised.
- Provide as much information as possible (especially if not presenting imminent risk)
- May require inpatient admission if too risky to self or others, or if mentally disordered.



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How schools can support students with BD



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Extra challenges for Adolescents with BD: -Relationships

- Mood swings interfere with developing intimate relationships
- Adolescents with BD are often drawn into intense intimate relationships and seek out others with similar difficulties
- Combination of hypersexuality, grandiosity and impulsivity can be extremely risky



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Extra challenges for Adolescents with BD

-Keeping up with others

- More vulnerable to stress
- Changes in routine (going out late, staying up to study) often trigger mood swings
- Affected severely by alcohol and other drugs and more prone to addiction
- Side-effects of medication (concentration, sedation, weight gain, tremors)
- Body image often dealt a major blow



Extra challenges for Adolescents with BD:

-Self-concept

- Defining themselves as an individual whilst coming to terms with having a lifelong illness
- Trying to fit in when they will often struggle to act “normally”
- Separating and individuating from parents whilst accepting that there are times they will not be in control
- Being increasingly responsible for medication, self-care, going to mental health appointments, GPs



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Extra challenges for Adolescents with BD (cont)

- Their extreme experiences are often misunderstood by others
- May miss periods of school due to illness



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How teachers can help adolescents with BD (general guidelines)

- Multidisciplinary team (SC, psychologist, principal, class teacher, parents).
- Have a school 'gatekeeper' for communicating to school staff
- Regular communication between school counsellor and mental health case manager.
- Learn about the student's particular symptoms and side effects from treatment, and how to help out



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How teachers can help adolescents with BD (general guidelines)

- Have Individual Management Plan
- Identify and reduce stressors.
- Identify which staff member the child can go to in crisis.
- Often low voice and calm demeanour is more effective than confrontation.
- Allow a minute for them to process when asked to make decisions. Keep it simple



How teachers can help adolescents with BD (general guidelines)

- Frequent communication between parent and teacher.
- Try to be flexible with assignments etc.
- Give more time and advance warning for changes.
- Allow some physical movement and frequent breaks.
- May need alternative playground setting
- Plan for transitions between grades / schools.



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Elements of a school management plan (adolescents)

- Gradual return to school after hospitalisation
 - Plan how to explain to peers
 - Need to explain process of recovery
- Safety and crisis plans
 - Time-out cards
 - Safe places to go to
 - Structured breaks
 - Procedures for managing distress



Elements of a school management plan (adolescents)

- Identify risk factors for getting unwell and review them regularly with the student and parents
- Regular symptom monitoring with school counselor, eg:
 - Hamilton Depression rating Scale
 - Young Mania Rating scale
- Communication book
- Regular consultation with treating health professional



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Elements of a school management plan (adolescents)

- Helping with schoolwork
 - Can have cognitive dulling from medication
 - Extra tutoring or homework help to catch up
 - Seating away from distractions / Private study areas
 - Places to work one-on-one or in small groups to limit stimulation
 - Alternatives to timed tests
 - Special consideration for assignments, and consider pathways options



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Elements of a school management plan (adolescents)

- Consider using structured programs such as Friends or RAP to teach coping strategies.



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Summary

- Bipolar can be hard to identify and is poorly understood within schools.
- Students face the risk of very poor outcomes
- Early identification and proactive management are needed to achieve a positive educational outcome.
- Frequent communication is essential.



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Thank you

- Cathie Turk, School Counsellor
- Cathryn Bourne, School Counsellor
- Alison Fearon, DGO
- Dr Tanya Hanstock, Senior Clinical Psychologist



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