

Bipolar Disorder

This factsheet explains the symptoms of bipolar disorder, treatments and ways to manage the condition. This factsheet is for people with bipolar disorder. And their carers, relatives and friends.



KEY POINTS

- Bipolar disorder, also known as bipolar affective disorder, is a mood disorder. It used to be called manic depression.
- Bipolar disorder can cause your mood to swing from an extreme high to an extreme low.
- Manic symptoms can include increased energy, excitement, impulsive behaviour and agitation.
- Depressive symptoms can include lack of energy, feeling worthless, low self-esteem and suicidal thoughts.
- You can also have psychotic symptoms. Psychotic symptoms can mean that you see and hear things that feel real but they don't exist.
- There are different types of bipolar disorder.
- We don't know what causes bi-polar. But it is thought to be a combination of genetic and environmental causes
- Bipolar disorder is treated with medication or talking therapies.

This factsheet covers:

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- [2. What are the symptoms of bipolar disorder?](#)
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1. What is bipolar disorder?

Bipolar disorder can be a life-long mental health problem that mainly affects your mood. It affects how you feel and your mood can change massively. You can experience episodes of:

- mania, and
- depression.

You may feel well between these times. When your mood changes, you might see changes in your energy levels or how you act. Bipolar disorder used to be called manic depression.

Symptoms of bipolar disorder can be severe. They can affect areas of your life, such as work, school and relationships.

You usually develop bipolar disorder before you are 20. It can develop in later life but it rarely develops after the age of 40¹.

You can have symptoms of bipolar disorder for some time before a doctor diagnoses you. A doctor might say you have something else such as depression before you get a bipolar disorder diagnosis².

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2. What are the symptoms of bipolar disorder?

Bipolar symptoms can make it difficult to deal with day-to-day life. It can have a bad effect on your relationships and work. The different types of symptoms are described below.

Mania³

Symptoms of mania can include:

- feeling happy or excited, even if things are not going well for you,
- being full of new and exciting ideas,
- moving quickly from one idea to another,
- hearing voices that other people can't hear,
- being more irritable than normal,
- feeling much better about yourself than usual,
- talking very quickly, jumping from one idea to another, racing thoughts,
- being easily distracted and struggle to focus on one topic,
- not being able to sleep, or feel that you don't want to sleep,
- thinking you can do much more than you actually can,
- make unusual, or big decisions without thinking them through, and
- do things you normally wouldn't which can cause problems. Such as:
 - spending a lot of money,
 - having casual sex with different people,
 - using drugs or alcohol,
 - gambling or
 - making unwise business decisions.

Hypomania

Hypomania is like mania but you will have milder symptoms. Treatment for hypomania is similar to the treatment for mania.⁴

Depression⁵

Symptoms of depression can include:

- low mood,
- having less energy and feeling tired,
- feeling hopeless or negative,
- feeling guilty, worthless or helpless,
- being less interested in things you normally like doing or enjoying them less,
- difficulty concentrating, remembering or making decisions,
- feeling restless or irritable,
- sleeping too much or not being able to sleep,
- feeling more or less hungry than usual,
- losing or gaining weight, when you do not mean to, and thoughts of death or suicide, or suicide attempts.

Psychosis⁶

Sometimes you can have psychotic symptoms during a severe episode of mania or depression. Symptoms of psychosis can be:

- hallucinations. This means that you may hear, see, or feel things that are not there, and
- delusions. This means you may believe things that are not true. Other people will usually find your beliefs unusual.

Psychotic symptoms in bipolar disorder can reflect your mood. For example, if you have a manic episode you may believe that you have special powers, or are being monitored by the government. If you have depressive episode, you may feel very guilty about something you think you have done. You may feel that you are worse than anybody else or feel that you don't exist.

You can find more information about:

- Depression
- Psychosis

at www.rethink.org.Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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3. What are the different types of bipolar disorder?

There are different types of bipolar disorder.

Bipolar I disorder

A diagnosis of bipolar I disorder means you will have had at least 1 episode of mania that lasts longer than 1 week.⁷ 90% of people will also have periods of depression.⁸ Manic episodes will generally last 3-6 months if left untreated. Depressive episodes will generally last 6-12 months without treatment.⁹

Bipolar II disorder

A diagnosis of bipolar II disorder means it is common to have symptoms of depression. You will have had at least 1 period of major depression.¹⁰ And at least 1 period of hypomania instead of mania.¹¹

Bipolar I or II disorder with mixed features

You will experience symptoms of mania or hypomania and depression at the same time.¹² You may hear this being called 'mixed bipolar state'. You may feel very sad and hopeless at the same time as restlessness and being overactive.

Bipolar I or II disorder with rapid cycling

Rapid cycling means you have had 4 or more depressive, manic, hypomanic episodes in a 12 month period.¹³

Bipolar I or II with seasonal pattern

Seasonal pattern means that either your depression, mania or hypomania is regularly affected in the same way by seasons. For example you may find that each winter you have a depressive episode but your mania does not regularly follow a pattern.¹⁴

Cyclothymia

A diagnosis of cyclothymic disorder means you will have experienced regular episodes of hypomania and depression for at least 2 years.¹⁵ You won't be diagnosed with bi-polar because your symptoms will be milder. But they can last longer.

Cyclothymia can develop into bipolar disorder.

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4. What causes bipolar disorder?

The cause of bipolar disorder is not clear. Research suggests that a combination of different things can make it more likely that you will develop bipolar disorder.

Genetic factors

You are 5 times more likely to develop bipolar disorder if someone in your immediate family, like a parent, brother or sister, has bipolar disorder. This risk is higher if both of your parents have the condition or if your twin has the condition.¹⁶

Researchers have not found the exact genes that cause bipolar disorder. But different genes have been linked to the development of bipolar disorder.¹⁷

Brain chemical imbalance

Different chemicals in your brain affect your mood and behaviour. Too much or too little of these chemicals could make you develop mania or depression.¹⁸

Environmental factors

Stressful life events can trigger symptoms of bipolar disorder. Such as childhood abuse and the loss of a loved one. They can increase your chances of developing depressive episodes.¹⁹

You can find more information about '**Does mental illness run in families?**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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5. How do I get help if I think I have bipolar disorder?

The first step to get help is to speak to your GP.

It can help to keep a record of your moods. This can help you and your GP to understand your mood swings.²⁰ Bipolar UK have a mood diary and a mood scale on their website. You can find their details in the 'useful contacts' section at the end of this factsheet.

Your GP can't diagnose bipolar disorder. Only a psychiatrist should make a formal diagnosis. A psychiatrist is part of the Community Mental Health Team (CMHT). Your GP may arrange an appointment with (CMHT) if you have:

- depression, and
- ever felt very excited or not in control of your mood or behaviour for at least 4 days in a row.²¹

Your GP should make an urgent referral to the CMHT if they think that you might have mania or severe depression. Or there is a chance that you are a danger to yourself or someone else.²²

Your GP should refer you to an Early Intervention Team if you have your first episode of psychosis.²³

Bipolar disorder can be difficult to diagnose because it affects everyone differently. Also, bipolar symptoms can be the same as other mental health problems.²⁴ It can take a long time to get a bipolar diagnosis.

You can find more information about:

- Community Mental Health Team
- Early Intervention Team

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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6. What is the treatment for mania, hypomania and depression?

You can check what treatment and care is recommended for

bipolar disorders on the National Institute for Health and Care Excellence (NICE) website.

NICE produce guidelines for how health professionals should treat certain conditions. You can download these from their website at www.nice.org.uk.

The NHS does not have to follow these recommendations. But they should have a good reason for not following them.

Medications

Mood stabilisers are usually used to manage mania, hypomania and depressive symptoms.

For the purposes of this factsheet mood stabilisers are:²⁵

- Lithium
- Certain antipsychotic medication
- Certain anticonvulsive medication
- Certain benzodiazepine medication

Mania and hypomania

You should be offered a mood stabiliser to help manage your mania or hypomania.²⁶ Your doctor may refer to your medication as ‘antimanic’ medication.

If you are taking an antidepressant your doctor may think about stopping this medication.²⁷

You will usually be offered an antipsychotic first. The common antipsychotics used for the treatment of bipolar disorder are:²⁸

- Haloperidol
- Olanzapine
- Quetiapine
- Risperidone

If the first antipsychotic you are given doesn’t work then you should be offered a different antipsychotic medication from the list above.²⁹

If a different antipsychotic doesn’t work then you may be offered lithium to take alongside it.³⁰ If the lithium doesn’t work you may be offered sodium valproate to take with an antipsychotic.³¹ Sodium valproate is an anticonvulsive medication.

Sodium Valproate shouldn’t be given to girls or young women who might want to get pregnant.³²

Your doctor should think about giving you benzodiazepine medication short term.³³

Your doctor will use different dosages and combinations depending on what works best for you. Your personal preferences should be listened to.

Depression

Your doctor should offer you medication to treat depressive symptoms. You may be offered the following medication:³⁴

- Fluoxetine with Olanzapine
- Quetiapine
- Olanzapine or
- Lamotrigine

Fluoxetine is an antidepressant. Lamotrigine is an anticonvulsant medication.

Your doctor can prescribe the above medication alongside:^{35, 36}

- Lithium, and
- Sodium valproate.

Doctors will use different dosages and combinations depending on what works best for you. Your personal preferences should be listened to.

Psychological treatments

If you have an episode of depression you should be offered a high intensity talking therapy, such as cognitive behavioural therapy (CBT) or interpersonal therapy as well as medication.³⁷

What is CBT?

CBT is a talking therapy that can help you manage your problems by changing the way you think and behave.³⁸

What is interpersonal therapy?

Interpersonal therapy is a talking therapy that focuses on you and your relationships with other people.³⁹

You can find more information about:

- Mood stabilisers
- Antipsychotics
- Antidepressants
- Benzodiazepines
- Medication – choice and managing problems
- Talking therapies

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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7. What are the long-term treatments for bipolar disorder?

Bipolar disorder is a life-long and often recurring illness. You may need long term support to help manage your condition.⁴⁰

Medication

Your doctor will look at what medication worked for you during episodes of mania or depression. They should ask you whether you want to continue this treatment or if you want to change to lithium.⁴¹

Lithium usually works better than other types of medication for long-term treatment.⁴² Your doctor should give you information about how to take lithium safely. If lithium doesn't work well enough or causes you problems, you may be offered:⁴³

- Valproate,
- Olanzapine, or
- Quetiapine.

Your doctor should monitor your health. Physical health checks should be done at least once a year. These checks will include: ⁴⁴

- measuring your weight,
- blood and urine tests,
- checking your liver and heart, and
- checking your pulse and blood pressure.

Psychological treatments⁴⁵

You should be offered a psychological therapy that is specially designed for bipolar disorder. You could have individual or group therapy.

The aim of your therapy is to stop you from becoming unwell again. This is known as 'relapse.' Your therapy should help you to:⁴⁶

- understand your condition,
- think about the effect that your thoughts and behaviour have on your mood,
- monitor your mood, thoughts and behaviour,
- think about risk and distress,
- make plans to stay well,
- make plans to follow if you start to become unwell,
- be aware of how you communicate, and
- manage difficulties you may have in day to day life.

If you live with your family or are in close contact with them you should also be offered 'family intervention.'

Family intervention is where you and your family work with mental health professionals to help to manage relationships. This should be offered to people who you live with or who you are in close contact with.

The support that you and your family are given will depend on what problems there are and what preferences you all have. This could be group family sessions or individual sessions. Your family should get support for 3 months to 1 year and should have at least 10 planned sessions.⁴⁷

Other support

Your mental health team should give you advice about exercise and healthy eating.⁴⁸

If you want to return to work you should be offered support to help with training or returning to work. You should get this support if your care is managed by your GP or by your community mental health team.⁴⁹

If you can't work, or haven't been able to find work at the moment, your healthcare professionals should think about other activities that could help you back to employment in the future.⁵⁰

Your healthcare team should help you to make a recovery plan. The plan should help you to identify early warning signs and triggers that may make you unwell again. And ways of coping. Your plan should also have people to call if you become very distressed.⁵¹

You should be encouraged to make an 'advance statement.' This is an instruction to health professionals about what you would like to happen with your care if you ever lack mental capacity to make your own decisions.⁵²

Care Programme Approach

You may be assessed under the Care Programme Approach (CPA) if you have complex needs or you are vulnerable.⁵³

CPA is a package of care that is used by secondary mental health services. You will have a care plan and someone to coordinate your care. All care plans must include a crisis plan.⁵⁴

CPA aims to support your mental health recovery by helping you to understand your:

- strengths,
- goals,
- support needs, and
- difficulties.

CPA should be available if you have a wide range of needs from different services or you are thought to be a high risk.⁵⁵ Both you and your GP should be given a copy of your care plan.⁵⁶

Your carers can be involved in your care plan and given a copy if you give your consent for this to happen.

You can find more information about:

- Care Programme Approach
- Planning your care. Advance statements and advance decisions
- Mood stabilisers
- Antipsychotics
- Antidepressants
- Medication. Choice and managing problems
- Talking therapies

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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8. What if I am not happy with my treatment?

If you are not happy with your treatment you can:

- talk to your doctor about your treatment options,
- ask for a second opinion,
- get an advocate to help you speak to your doctor,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help, or
- make a complaint.

There is more information about these options below.

Treatment options

You should first speak to your doctor about your treatment. Explain why you are not happy with it. You could ask what other treatments you could try.

Tell your doctor if there is a type of treatment that you would like to try. Doctors should listen to your preference. If you are not given this treatment ask your doctor to explain why it is not suitable for you.

Second opinion

A second opinion means that you would like a different doctor to give their opinion about what treatment you should have. You can also ask for a second opinion if you disagree with your diagnosis.

You don't have a right to a second opinion. But your doctor should listen to your reason for wanting a second opinion.⁵⁷

Advocacy

An advocate is independent from the mental health service. They are free to use. They can be useful if you find it difficult to get your views heard. There are different types of advocates available. Community advocates can support you to get a health professional to listen to your concerns. And help you to get the treatment that you would like.

You can search online to search for a local advocacy service. If you can't find a service you can contact the Rethink Mental Illness Advice Service on 0300 500 927, we will look for you. But this type of service doesn't exist in all areas.

The Patient Advice and Liaison Service (PALS)

PALS is part of the NHS. They give information and support to patients.

You can find your local PALS' details through this website link: [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

You can find out more about:

- Medication. Choice and managing problems
- Second opinions
- Advocacy
- Complaining about the NHS or social services

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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9. What can I do to manage my symptoms?

You can learn to manage your symptoms by looking after yourself. Self-care is how you take care of your diet, sleep, exercise, daily routine, relationships and how you are feeling.

Lifestyle

Making small lifestyle changes can improve your wellbeing and can help your recovery.

Routine helps many people with their mental wellbeing. It will help to give a structure to your day and may give you a sense of purpose. This could be a simple routine such as eating at the same time each day, going to bed at the same time each day and buying food once per week.

Your healthcare professionals should give you advice about exercise and diet.⁵⁸ And sleep.

You can find more information about lifestyle changes in our '**Good Health Guide**' at www.rethink.org. Just type 'Good health guide' into the search. Or call General Enquiries team on 0121 522 7007 and ask them to send you a copy.

Support groups

You could join a support group. A support group is where people come together to share information, experiences and give each other support.

You might be able to find a local group by searching online. The charity Bipolar UK have an online support group. They also have face to face support groups in some areas of the country. Their contact details are in the 'useful contacts' at the end of this factsheet.

Rethink Mental Illness have support groups in some areas. You can find out what is available in your area if you follow this link: www.rethink.org/about-us/our-support-groups. Or you can call the Rethink Mental Illness Advice Service on 0300 5000 927 for more information.

Recovery College

Recovery colleges are part of the NHS. They offer free courses about mental health to help you manage your symptoms. They can help you to take control of your life and become an expert in your own wellbeing and recovery. You can usually self-refer to a recovery college. But the college may inform your care team.

Unfortunately, recovery colleges are not available in all areas. To see if there is a recovery college in your area you can use a search engine such as Google. Or contact Rethink Mental Illness Advice Service on 0300 5000 927.

Make a Wellness Recovery Action Plan (WRAP)

Learning to spot early signs of mania or depression is important in self-management. The idea of the WRAP is to help you stay well and achieve what you would like to. The WRAP looks at areas like how you are affected by your illness and what you could do to manage them. There are guides that can help with this. You can ask your healthcare professional to make one with you or ask them for a template of one.

There is more information about the WRAP in the further reading section at the end of this factsheet.

Rethink Mental Illness has created '**Staying Well with Bipolar**'. This is a guide based on information from people who have or support someone

with bipolar disorder. You can download it here www.rethink.org/living-with-mental-illness/staying-well-with-bipolar.

You can find more information about '**Recovery**' at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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10. Risks associated with bipolar disorder

Suicide and self-harm risk

If you have an illness where you experience psychosis, such as schizophrenia or bipolar disorder, your risk of suicide is estimated to be between 5% and 6% higher than someone without a psychotic condition.⁵⁹

The risk of suicide is most high during your first year of contact with the mental health team. It is 10%.

You are more likely to try to take your own life if you have a history of attempted suicide and depression.⁶⁰ It is important that you get the right treatment for your symptoms of depression and have an up to date crisis plan.

There is also research that suggests you are 30% - 40% more likely to self-harm if you suffer from bipolar disorder.⁶¹

Financial risk

If you have mania or hypomania you may struggle to manage your finances. You may spend lots of money without thinking about the effect that it may have on your life. You could make a 'Lasting Power of Attorney.' This is a legal process. This means that you pick someone that you trust to manage your finances if you lack mental capacity to manage them by yourself.

Physical health risk

People with bipolar disorder have a higher rate of physical illnesses such as diabetes and heart disease. You should have a physical health check at least once every year.⁶²

Alcohol and drugs risk

Just over 30% of people with bipolar disorder are abusing drugs or alcohol.⁶³ Drinking alcohol, smoking or taking other drugs while taking medication could stop your medication working properly and make your symptoms worse.⁶⁴

Driving risk

You must tell the Drivers and Vehicle Licensing Agency (DVLA) that you have bipolar disorder.⁶⁵ You must stop driving if you have an episode of severe depression, hypomania, mania or psychosis.⁶⁶

You can find out more about:

- Suicidal thoughts – how to cope
- Self-harm
- Mental capacity and mental illness
- Cannabis and mental health
- Drugs, alcohol and mental health
- Driving and mental illness

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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11. Information for family, carers and friends

How can I get support?

You can speak to your GP. You should be given your own assessment through the community mental health team to work out what effect your caring role is having on your health. And what support you need. Such as practical support and emergency support.⁶⁷

You can get peer support through carer support services or carers groups.

You can ask your local authority for a carer's assessment if you need more practical and financial support to help care for someone.

As a carer you should be involved in decisions about care planning. But you don't have a legal right to this. The medical team should encourage the person that you care for to allow information to be shared with you.⁶⁸

Supporting the person you care for

You might find it easier to support someone with bipolar disorder if you understand their symptoms, treatment plan and self-management techniques. You could ask them to share this information with you.

The person that you care for may also have a care plan. This outlines the care that they will get and who is responsible for it. A care plan should always have a crisis plan. A crisis plan will have information about who to contact if they become unwell.

You can use this information to support and encourage them to stay well and get help if needed.

You can find out more information about:

- Supporting someone with a mental illness
- Getting help in a crisis
- Suicidal thoughts. How to support someone
- Responding to unusual thoughts and behaviours
- Carers' Assessment and Support Planning
- Confidentiality and information sharing. For carers, friends and family
- Supporting Someone with a Mental Illness
- Money matters. Options for dealing with someone else's money and benefits

at www.rethink.org. Or call our General Enquires team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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FURTHER
READING

Wellness Recovery Action Plan (WRAP) Plus. Formerly living without Depression and Manic Depression - Mary Ellen Copeland, PhD.

The Wellness Recovery Action Plan® or WRAP® is a self-designed wellness process. You can use a WRAP to get well, stay well and make your life your own. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals.

Website: <http://www.mentalhealthrecovery.com>



USEFUL
CONTACTS

Bipolar UK

This is a user led charity working to enable people affected by bipolar disorder to take control of their lives.

Telephone: 0333 323 3880

Address: Bipolar UK, 11 Belgrave Road, London, SW1V 1RB

Email: info@bipolaruk.org.uk

Website: www.bipolaruk.org.uk

The Hearing Voices Network

This service gives support and understanding for those who hear voices or experience other types of hallucination.

Telephone: 0114 271 8210

Address: c/o Sheffield Hearing Voices Network, Limbrick Day Service, Limbrick Road, Sheffield, S6 2PE

Email: nhvn@hotmail.co.uk

Website: www.hearing-voices.org



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www.nhs.uk/conditions/bipolar-disorder (Accessed 6th February 2018).
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- ⁸ The Centre for Genetics Education, 2012. *Mental illness and inherited predisposition- schizophrenia and bipolar disorder*.
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- ¹¹ America Psychiatric Association. *Desk Reference to the Diagnostic Criteria from DSM-5*. Arlington: America Psychiatric Association; 2013. Page 74.
- ¹² As note 11. Page 84-85.
- ¹³ As note 3.
- ¹⁴ As note 11. Page 90.
- ¹⁵ As note 11. Page 76.
- ¹⁶ The Centre for Genetics Education, 2012. *Mental illness and inherited predisposition- schizophrenia and bipolar disorder*.
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- ¹⁷ As note 16.
- ¹⁸ NHS Choices. *Bipolar disorder – causes*.
www.nhs.uk/Conditions/Bipolar-disorder/Pages/Causes.aspx (accessed 14th February 2018).
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- ²⁰ Bipolar UK. *Could mood swings mean bipolar?*
www.bipolaruk.org/Handlers/Download.ashx?IDMF=d7773246-c042-4ef5-99c8-4157c3e26186 (accessed 29 March 2018).
- ²¹ National Institute for Health and Clinical Excellence. *Bipolar disorder: assessment and management*. Clinical Guidance 185. London: National Institute for health and Clinical Excellence; 2014. Para 1.2.1.
- ²² As note 21. Para 1.2.2.
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- ²⁴ National Collaborating Centre for Mental Health. *Bipolar disorder. The NICE guideline on the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care*. London: The British Psychological Society and The Royal College of Psychiatrists; 2014. Page 37.

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- ²⁵ Royal College of Psychiatry. *Medications for bi-polar disorder*. <http://www.rcpsych.ac.uk/healthadvice/treatmentsandwellbeing/medicationsbipolarorder.aspx> (accessed 28th March 2018).
- ²⁶ As note 21. Para 1.5.3.
- ²⁷ As note 21. Para 1.5.2.
- ²⁸ As note 21. Para 1.5.3.
- ²⁹ As note 21. Para 1.5.4.
- ³⁰ As note 21. Para 1.5.5.
- ³¹ As note 21. Para 1.5.5.
- ³² As note 21. Page 11.
- ³³ D. Taylor, C Paton & S Kapur. *The Maudsley. Prescribing Guidelines in Psychiatry* 12th Edition. West Sussex; Wiley Blackwell 2015. Page 211.
- ³⁴ As note 21. Para 1.6.3.
- ³⁵ As note 21. Para 1.6.4.
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- ³⁹ As note 39.
- ⁴⁰ As note 21. Para 1.7.1.
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- ⁴² As note 21. Para 1.7.5.
- ⁴³ As note 21. Para 1.7.6.
- ⁴⁴ As note 21. Para 1.2.10 – 1.2.12.
- ⁴⁵ As note 21. Page 11.
- ⁴⁶ As note 21. Para 1.7.4.
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- ⁵⁶ As note 21. Para 1.3.4.
- ⁵⁷ General Medical Council. *Good Medical Practice*. Manchester: GMC; 2013. Para 16(e).
- ⁵⁸ As note 21. Para 1.8.2.
- ⁵⁹ Nordentoft M, Madsen T, & Fedyszyn I. 2015. Suicidal behavior and mortality in first-episode psychosis. *Journal of Nervous and Mental Disease* 203. Page 387-92.
- ⁶⁰ As note 59. Page 387-92.
- ⁶¹ Anderson Ian M, Haddad Peter M, Scott Jan. Bipolar Disorder. *British Medical Journal* 2012 345. www.bmj.com/bmj/section-

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⁶² As note 21. Para 1.2.12.

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⁶⁴ As note 21. Page 12.

⁶⁵ Government. *Psychiatric disorders: assessing fitness to drive*.
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⁶⁶ Government. *Psychiatric disorders: assessing fitness to drive*
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⁶⁷ As note 21. Para 1.1.12.

⁶⁸ As note 21. Para 1.1.15.

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