Bipolar Life Hacks

A Personal Guide to the self-management of Bipolar Disorder

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This book is dedicated to my wife, my co-pilot in navigating the extreme episodes of mood of Bipolar Disorder.

Also unending thanks to my support network, my cabin crew.

I have decided to make this book available free of charge in the hope that if you find something useful in its pages, you will make a donation or regular giving to Bipolar UK to help other people affected by the condition.

www.bipolaruk.org

Views in this book are mine and not representative of Bipolar UK.

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Introduction

The purpose of this book is very specific, to provide the reader with a range of life hacks or tips on how to manage Bipolar Disorder. Bipolar Disorder is an illness characterised by extremes of mood, typically including depressive episodes and episodes of hypomania or mania, which are periods of excessive energy that can spiral upwards into delusion and paranoia.

There are various types of Bipolar Disorder and I experience Type 1, which consists of long periods of mania lasting several months and episodes of depression that can become suicidal. However, I live the majority of my life in a normal mood range and this book will describe how I maintain that stability where possible, and how I cope with the extremes of mood when I find it is not possible to prevent them.

There are many books that set out to describe Bipolar Disorder in detail and set out ways to treat the condition. This book will not do that as there is plenty of literature available on those topics. This book will provide strategies, hints and tips that I have found useful over the years. Some of these are simply useful life hacks that could be applicable to anyone whether Bipolar or not, but others are very specific to the management of the condition.

I have lived with Bipolar Disorder for over 30 years and in that time have experienced nearly all that Bipolar has to offer, the public and private health systems, detention under the mental health act, unemployment, broken relationships, difficulties with family members, grandiose ideas and exorbitant spending. I really believe that I have the t-shirt as far as Bipolar is concerned and that's why I want to share my coping strategies with you - in the hope that you may suffer a little less than I have. I hope you

will find something useful in these pages that will help you live a ‘normal’ life, however you choose to define what that is.

Support Network

It would be a foolish person who set out to manage Bipolar Disorder alone. A support network is a vital tool in helping to manage the condition. A key element of Bipolar Disorder, particularly during phases of mania, is a lack of self-awareness and a lack of insight into your mood, how that affects behaviour and how that behaviour impacts other people.

A group of friends or relatives can be invaluable to point out when you are heading outside of your normal mood range and help you catch the warning signs early. I think it's a good idea to set out in advance what you would like them to do. During an ascent into mania, it can be unhelpful to have a group of people worrying about you and communicating their anxieties excessively, trying to take control of your life decisions. I am very lucky to have a group of friends who care about me and are willing to offer support, but I have been clear with them what I would like and would not like them to do, setting boundaries. After a bad manic episode in 2005, I decided to allocate roles to my support network.

You may have an informal network in place after one or more episodes but I think it is a good idea to formalise the network so that everyone is clear what their role should be, whom they should contact in the event of emergency, and what they should do. Having a highly developed network of friends and relatives who are well informed about the condition is a great comfort and also reduces the levels of stress that everyone is subjected to in the event of a manic episode. Since the stress of friends and relatives is reduced, the stress that they pass on is therefore lessened and disorder is minimised.

When I had an episode of mania in 2005, my friend Jimmy was my flatmate and as such, found himself in the role of principal carer and situation co-ordinator. He had no idea what to do in this situation and

coped admirably in difficult circumstances. He was largely improvising however, and if he had known then what he knows now, might have managed some areas differently. A lot of my friends had not been briefed about the illness and I was receiving several calls a day from people telling me they were worried about me. This did not help my condition and in fact, made it worse. Jimmy was also under great pressure from phone calls but did not know who to turn to for advice and support himself. The disorganisation of the network was very apparent despite my friends' good intentions and this was no doubt a contributing factor in my failure to prevent a full-blown manic episode.

I developed the network after 2005 to minimise stress and maximise the effectiveness of the response. I asked my friends who spot the early warning signs, to act as Symptom Analysts and report their concerns to the Situation Co-ordinator, in this case my new flatmate Steve. He was asked to pass on information to Jimmy who was acting as a Communications Manager. This took the pressure off Steve and left him free to deal with the situation. Jimmy co-ordinated information between my family and friends, cutting me out of a lot of potentially irritating communication. My brother James was included as the person to manage hospitalisation if it is needed. This structure worked much better when it was tested in 2007 with another manic episode that we managed to prevent from spiralling out of control.

I met my wife to be in 2011 and she now carries out much of this support network activity herself but she still finds it helpful to get advice from the group. I think the concept of agreeing plans in advance with whoever is set up to support you, is a sensible thing to do. Having given them this agency, I think there is something in the manic mind that still recognises this permission has been given and you are more likely to listen to good advice if you've asked for it prior to an episode occurring.

Life Event Triggers

We know that if someone has a susceptibility to Bipolar Disorder, then big life events can trigger episodes of either depression or hypomania/mania. In the past my triggers have included being suspended from school, seasonal variations in light levels, jet lag from long-haul flights, losing a job, moving house, poor living environment, caring for my Dad when he has had a manic episode, and grief. The strong emotions generated by the start or end of a relationship are also capable of inducing a manic high or depressive episode. It is important to understand the effect that these triggers can have and to counteract their impact in the case of planned events, or minimise the effect in the case of unexpected events. A manic episode may or may not follow directly after these types of events. In the case of jet lag, I will tend to have a manic week or two as soon as I arrive in the new country but other events may take weeks or months to have their impact.

It does not necessarily follow that a stressful event will always cause an episode. Life is stressful and some degree of stress is both inevitable and even desirable to encourage us to grow and develop. A Bipolar episode is more likely to occur, however, as a result of a combination of more than one trigger, mixed in perhaps with poor diet or lack of exercise over a period of time. If several potential triggers occur within a short space of each other, there would be a high risk of a manic episode occurring for me.

I therefore plan life events carefully and make sure I don't schedule several big events for the same time. For example, when I got married, my wife and I moved in together several months before so that these two potential triggers didn't happen at the same time.

Happy events can be triggers just as much as sad ones. Success in a project at work could generate elation and become a potential trigger. It’s therefore important to be aware of both positive and negative life events and mitigate their risk as much as possible.

Early warning symptoms

I have a fairly classic set of symptoms for Bipolar Disorder, type I. This means that I can go for long periods showing no signs of the illness and then suffer an episode of mania, usually followed by a brief period of normality, and lastly a period of depression. There can be a number of peaks within one episode and I can show signs of remission only to go "high" again.

During the onset of the manic phase there is a period where symptoms are mild. This is the time to nip the episode in the bud before it escalates. During the mild, hypomanic phase my symptoms will start with a lack of sufficient sleep. Other symptoms include the following:

- Taking on extra responsibilities.
- Talking more quickly and intensely than usual, not listening to someone in a conversation and trying to impose my opinions.
- Forming over-ambitious ideas about the future.
- Showing a more than healthy interest in religion.
- Being more emotional than normal.
- Restlessness.
- Inability to finish a task before moving on to the next one.
- Disordered room/flat.
- Less care than usual over domestic chores.
- Heightened libido, sociability and charm.
- Starting to smoke.
- Walking a lot, often at night when unable to sleep.
- Extravagant spending, being over-generous.

In the recent past, I have generally recognised the onset of mania and have tried, sometimes successfully, to stave it off by reducing commitments, visiting my doctor, taking extra medication and taking time

off work. I have also been careful to eat well, exercise and rest. However, there have been a number of "breakthrough" episodes where these precautions have not been sufficient and my mood has continued to rise to a more intense mania.

During the intense, manic phase my thoughts start racing extremely quickly and I seem capable of very creative thinking. However, the thought process begins to spiral out of control after a while. My thinking becomes jumbled and I start to interpret the world around me in an abnormal way. The thoughts and "themes" during this stage may include the following.

- Delusions of grandeur. I may believe that I am more important, more special or more gifted than I am in reality.
- The feeling of being chosen for a mission. This might be that I am the Second Coming and am going to be crucified to save the human race, or that I am the reincarnation of a Buddhist Lama, for example.
- Paranoia. I may believe that I am being followed and that I am on a mission as a secret agent, or being hunted down by the police or the Chinese army, for example. I will frequently change clothes in shops or restrooms and dump my old clothes to 'evade' my pursuers. This is a costly activity and I have lost a lot of coats and bags through this process.
- Time travel. I may believe that I have the ability to travel forward in time. I may believe that I am unable to find a way back to the present, which is extremely distressing when I realise I will not see any of my friends or family again.
- I may send emails that appear strange and indicate irrational thought.

- Often I will become very angry with anyone who disagrees with my opinion and may become aggressive if people start to intervene and make demands on me to take medication.
- Since I am prone to confrontation in this state of mind, and can appear aggressive to strangers who are confused by my behaviour, I can get into fights and may even get arrested or detained by the police.
- I will often go walking all night, maybe going to bars drinking large quantities of whisky. My feet can get covered in blisters from all the walking.
- I will often decide that I do not need sleep and may go as much as a week with barely a wink of sleep at all.
- I will often become fixated on a political issue such as the struggle to free Tibet.
- I get extremely agitated and unable to stay still anywhere for long or to concentrate for even short periods.
- Finally, I may decide to escape from my living environment in the belief that the police or the Chinese army is catching up with me. I may also be fleeing from a friend or relative who I feel is trying to restrict my activities against my will.

When I am in this state, it is very difficult to reason with me. If I can be persuaded to take extra medication, it is possible to bring me down from the high. Otherwise, some sort of intervention from the medical profession is necessary.

Like the triggers, each of the symptoms in the mild phase does not suggest an impending manic episode. Everyone can lose sleep from time to time and I am no different. I also like a whisky from time to time. Often I leave my room in a mess because I am too tired to sort it out. However, if there are a number of these symptoms and a pattern is emerging, together with a change in normal mood, then it would be

reasonable to conclude that I was having a manic episode. Close friends can tell I'm at risk of a manic episode by simply detecting a change in the tone of my voice.

Giving advice to prevent mania

If my support network notice that I am doing a lot and taking on a lot of responsibility or becoming over-anxious about a problem, it is useful to have a little reminder that maybe I ought to take it easy and perhaps give up one or two commitments. This does not mean getting very serious and worried. It is just telling a friend that maybe they need to take the pressure off a bit, as we all need to from time to time.

If I am beginning to show some mild signs of approaching mania, then I suggest they tell me what they have observed, backed up with examples. Useful advice in this sort of situation might be:

"David, I have noticed that you have not been sleeping very well over the past few days and you seem to be quite stressed. Yesterday evening you seemed very restless and were talking very intensely. Do you think you need to take some extra medication?"

Gentle suggestion like this will be much more effective than a confrontational approach:

"David, I think you are going down ill again. If you do not take more pills I'm going to call your doctor."

The second approach is likely to make me defensive, especially if I am already a bit manic, and is less likely to persuade me to take more medication. If I am slightly manic and get inundated with a lot of calls from panicking friends who do not know me well, then that only aggravates the problem.

When I am suffering from intense mania, I am likely to be quite paranoid. When talking about me to others and discussing what to do, I suggest my

support network do this out of my earshot. Otherwise, they will confirm my paranoia. The worst thing for someone who fears that everyone is plotting against them is to discover that everyone is indeed talking about them behind their back!

During intense mania it is vital that I take Risperidone, an antipsychotic drug. As mentioned previously, this book will not seek to describe all the different treatments available, and there are many. Any changes to medication should be made in consultation with a psychiatrist or other health professional and I have an agreement to adjust my dose of Risperidone to meet the needs of the situation. But almost everyone I've met is on a different combination of drugs and dosages. I am just lucky to have found a regime that works for me and this can be a trial and error exercise taking several years.

It is important to be sensitive when suggesting I take Risperidone. Demanding that I take the medicine will more than likely result in an argument and I may well then think that the person trying to help is one of 'the enemy' and I will not trust them. It is better for them to explain their concerns and why they think it would be a good idea for me to increase my medication. If they can steer the conversation so that they allow me to make the final decision on medication, it will not leave me feeling disempowered and angry.

The kind of language that might be effective would be:

"David, you seem very stressed at the moment. You have been talking a lot about saving the world and you seem unable to concentrate on anything. I think it might be a good idea if you thought about starting to take some Risperidone this evening. What do you think?"

By contrast, a less effective approach would be:

"You've gone high again. Take some Risperidone or I'm calling the police!" In fact, I would more likely to try to escape abroad, feeling that a net of conspiracy was closing around me and taking my choices away.

In a manic episode, I am in a state of high nervous anxiety, paranoia and exhaustion. Consequently, any kind of dispute is likely to antagonise me. If people around me can keep calm and speak in a soothing way, this is a great help. I understand that I can be extremely hard to live with when manic and this is a 'Big Ask' but panicking and confronting me because of strange things I have said will have a negative effect.

This does not mean I am suggesting that people agree with everything I say and confirm my deluded thoughts. If I think I can hear voices and people around me say that they can hear the voices too, that will not help. Gentle challenge is a better approach and the best tone for dealing with someone in mania.

Hospital needs list

If there is a need for me to go to hospital and I am detained under the Mental Health Act, it can be a very disorientating experience and may well be carried out in a hurry, perhaps by the police. I have been admitted to hospital in the past with only the clothes I was wearing at the time. It is important to reduce stress by providing me with the essentials I need to survive in hospital.

During my latest episode, I made a list of all the things I had in my room and in the ward fridge at the point I felt comfortable and able to look after myself:

- 2 pairs jeans
- 1 pair shorts
- 2 pairs shoes/trainers
- 1 pair flipflops
- 1 bath towel
- Washing and shaving kit
- 5 pairs socks
- 5 pairs pants
- 3-5 T-shirts
- 2 shirts
- 2 jumpers/tops
- Earplugs
- Eye mask for sleeping
- Phone, especially for listening to music
- Cash card for day release to the shops
- Tobacco/rolling papers/filter tips
- Radio
- Books/magazines
- Piano keyboard

- Pens and diary
- Soap
- Language textbooks/dictionary
- Charger for phone
- Jacket
- Family photo
- Toothpicks
- Cap/hats
- Moisturiser
- Snuff (for when smoking breaks are denied)
- Goats' milk – I am intolerant of cow products
- Goats' cheese
- Mackerel (cooked) – NHS food was very lacking
- Salmon (cooked)
- Fruit
- Fruit juice

Coping with depression

"What goes up must come down."

The effects of mania are so dramatic that it is perhaps easy to overlook the potentially devastating nature of the depressive side of Bipolar Disorder. The feelings experienced by a sufferer during the low periods can be just as difficult to deal with and equally destructive. It is impossible to accurately quantify what percentage of Bipolar Disorder sufferers take their lives during a depressive period because many go undiagnosed. However, estimates put the number at around 10 – 25%, depending on whose statistics you decide to believe. This is a high percentage and categorizes Bipolar sufferers in a very high risk group when it comes to suicide. It is simple to conclude that the depressive phase of the condition can be very pronounced.

With one or two exceptions, the majority of depressive phases I have experienced have been preceded by a manic episode. I usually have a couple of weeks of normality after coming down from a high before going into the depressive phase. This phase is characterised by low mood, feelings of worthlessness, low self-esteem, lack of motivation and social withdrawal. I often develop suicidal ideation, which I will discuss in more detail later on.

Coming down from a manic episode is like waking up from a vivid dream to discover that the life that felt intensely dramatic and successful was in fact an illusion. To the contrary, much of my life will have been decimated. There is a strong chance that I will 'wake up' to discover that I have lost my job, lost a relationship and wasted a large sum of money. I will also have lost a lot of possessions and damaged friendships, often beyond repair. This is enough to make anyone depressed!

Time and again I have had to reconstruct my life from scratch, needing to find a new job and a new place to live. I am frequently embarrassed by all the crazy things I can remember doing and find it hard to rekindle my social life. These challenges contribute to the depressive phase but I think that the depression is also partly due to emotional and physical exhaustion. During the manic phase, I will have depleted a lot of the body's reserves. I may also have been treated with strong anti-psychotic drugs which have a doping effect and can take a long time to recover from.

The symptoms and treatment of depression in a Bipolar sufferer are largely the same as for a person with unipolar or 'standard' depression. Doctors will prescribe anti-depressants but it is important for people with Bipolar to control this very carefully as some anti-depressants can precipitate a high if they are not managed carefully, for example in conjunction with a mood stabiliser medication.

I have found some success in fighting depression with complementary therapies. Neuro-linguistic programming (NLP) was particularly useful in replacing the depressive and suicidal thoughts with more positive thought patterns. I also found that eating a nutritionally rich diet helped. Patrick Holford has done a lot of research into nutritional therapy and his books *The Optimum Nutrition Bible* and *Optimum Nutrition for the Mind* are excellent resources for this approach.

Other "classic" ways to drag myself out of a low include disciplining myself to contact friends, and finding mental health support resources.

Volunteering for charity work has also been a good way to find constructive and part-time work with little pressure as I have built up my strength ready to go back into full-time employment. I also cannot over-emphasise the benefit of regular exercise.

When I am depressed and even getting out of bed seems like torture, it can be hard to motivate myself to do anything. The thought that I have been this low before and have managed to "crawl out of the hole" in the past, is a good motivation. I know that if I just hang tight, good times will come back in due course.

Friends or relatives can help me in this state by offering encouragement and being patient. The things they say can have a very positive effect even if they feel that they are not making an impression at the time.

If you are feeling suicidal now, please get help. Even talking to a stranger on a phone line such as the Samaritans can be the first step to get you back on track to happiness.

Best things to say to someone who is depressed

1. "I love you!"

2. "I care."

3. "You are not alone in this."

4. "Do you want a hug?"

5. "When all this is over, I will still be here and so will you."

6. "I cannot fully understand what you are feeling, but I can offer my sympathy."

7. "I cannot imagine what it is like for you. I just cannot imagine how hard it must be."

8. "You are important to me."

9. "If you need a friend, I am here."

Worst things to say to someone who is depressed

1. "Aren’t you tired yet of all this me-me-me stuff?"
2. "You just need to give yourself a kick in the rear."
3. "It's all in your mind."
4. "I thought you were stronger than that."
5. "No one ever said life was fair."
6. "Why don't you just grow up?"
7. "Stop feeling sorry for yourself."
8. "There are a lot of people worse off than you."
9. "You think you've got problems..."
10. "Well, everyone gets depressed sometimes!"
11. "What doesn’t kill you makes you stronger."
12. "You're making me depressed as well..."
13. "You'd feel better if you went to church."
14. "What you need is some real tragedy in your life to give you perspective."
15. "You have so many things to be thankful for, why are you depressed?"
16. "Have you tried chamomile tea?"
17. "Try not being so depressed."

Managing Sleep

Managing sleep is a vital aspect of self-management for Bipolar Disorder. Disruption in my sleep pattern is one of the first warning signs of an impending hypomanic/manic episode. During mania, I tend to sleep too little and during depression too much. However, there is a state of the condition called mixed states which combines aspects of depression and mania and I tend not to sleep well through that phase as well, which is characterised by high anxiety, racing thoughts, negativity and sleeplessness, a terrible combination but thankfully less common set of symptoms for me.

There are sleep tracking apps and programmes becoming available. I found one called Sleepio to be particularly helpful. Part of the content of this online programme involved looking at my environment and making my curtains as dark and thick as possible so light doesn't come into the room. My wife and I chose to live in a house in a cheap part of town so we could have more space. When I am in mania, I sleep in a separate room so I don't disturb her. If her sleep is disrupted, and she becomes irritable, this doesn't help me, so her sleep is just as important as mine.

I don't worry too much if I have a bad night – it's possible to 'repay' a sleep debt the next night. However, several bad nights in a row can be a sign that something isn't right. If I'm heading towards mania and start taking Risperidone, that has a sleep inducing effect. Other ideas to aid sleep include ensuring a quiet room. We have a semi-detached house and my room is away from the wall we share with the neighbours in case they play loud music for example. It may be possible to find a room in a flat that minimises noise disturbance. I tend to keep to the same bedtime each night and stop using devices at around 8pm. This kind of advice is available from lots of sources on maximising sleep effectiveness so I won't go into too much detail here other than to stress how important

getting good rest is. I make a note to myself as part of my anti-mania action plan that if my sleep is disrupted, I won't go out walking but will rest in bed as much as possible even if I can't get good sleep itself.

Right now I am not sleeping well but getting up and writing this is better than going for a long walk through the night!

Meditation, mindfulness and Daoism

I spent the second year of my degree studying at a university in Taiwan. I had a lot of spare time and started reading the English psychology books in the library. I found books on meditation and began to experiment with relaxation techniques. Some of the content of the Chinese course I was studying was also very enlightening. We studied some of the Chinese philosophical traditions and I was particularly attracted to Daoism, an ancient philosophy founded on principles of becoming one with nature, accepting the flow of life and finding longevity through healthy practices. I tried to apply some of the fundamental teachings to my life. I had rejected Christianity while I was at school, thinking that God had deserted me. I also found it very hard to believe in a religion with a Messiah as the central figure, having had such vivid beliefs of messianic destiny myself during mania. I always say it is hard to believe in Jesus when you have been Him.

Daoism offered a secular approach to living spiritually. I found the concept of 'wu-wei' to be particularly useful, the idea of following the current of life like a leaf floating on the surface of a stream. Action through 'non-effort'. Not striving to achieve, but relaxing into life and letting things come naturally. When I was tired, I rested. When I was hungry, I ate. I found that by slowing down and calming my mind, I was able to absorb more and could study more effectively. *The Tao of Pooh* by Benjamin Hoff is a good introduction to the basic concepts of Daoism if you are interested in this philosophy that I found so helpful.

People who suffer from Bipolar Disorder are particularly susceptible to stress, so finding techniques that help to reduce the effects of our hectic modern life is a really crucial approach. I think that I was wrong initially to try to avoid stressful situations as if I had a 'stress allergy'. Running away from stress does not work. You can shut yourself in your room and

shut out the world but then the stress of a hollow life will get you. Not having enough stimulation or social interaction can be just as stressful as having too much. During my degree I began to learn that minimising the mental and physical effects of stress is a better approach than simple avoidance.

Mindfulness and meditation have become commonplace in the West more recently and I often take part in sessions at work. There are free resources online and I find Michael Chaskalson's podcasts to be particularly effective in helping calm me down. I have also read a few Buddhist texts on different meditation techniques.

Some people have suggested to me that it can be dangerous to experiment with meditation without supervision so you may prefer to take up a class rather than teaching yourself as I have done.

Music and sound

I am a very musical person and play jazz on the piano and trumpet but anyone can use music to help manage their mood. We tend to use music to intensify our feelings, so if we are feeling down, we may listen to the Blues, and if we are happy, listen to something from the pop world or upbeat rock.

I find it helpful to choose to listen to music to reflect the mood I want to head towards. So if I am high, I will listen to very calming music or the slow Blues. If I am low, I listen to disco tunes from the 70s to try to lift my spirits. This beats listening to Leonard Cohen when low, or hard core techno when high. The trick is to select the opposite mood of music from the condition you are currently in.

I have a subscription to a music streaming app and have created playlists to suit various moods, which I can use to try to alter my mood. During mania however, I find it sometimes helpful just to sit in a dark room for a while with no audio stimulation whatsoever.

I also find that writing music is a creative outlet that can be very helpful when I am high if I am able to channel the energy effectively.

People with Bipolar can be very sensitive to sound and find it very stimulating. This can be a problem at work in a noisy office, so one of the adjustments I have agreed with my manager is that I can work from home if I am starting to feel a bit 'jangly', and this is a calmer, quieter atmosphere with fewer interruptions.

Food

Doctors and researchers have established good evidence for the link between mood and food, and what we eat has a big impact on the symptoms of Bipolar Disorder. As mentioned earlier, Patrick Holford's Institute of Optimum Nutrition has carried out extensive research into diet and mental health and I highly recommend his book *Optimum Nutrition for the Mind*.

If someone is experiencing mania, they may be awake and engaged in activities for 22 hours a day. It stands to reason that they will need more food that usual to sustain this activity. In a state of hypomania or mania, I tend to eat five meals a day: early breakfast, late breakfast, lunch, high tea and dinner. If I don't get enough food, my blood sugar level drops and this has an effect on my ability to concentrate and my brain's ability to function normally.

One of the key considerations is eating foods that burn slowly, making sure to have an element of protein at every meal. A typical day for me might be:

1. early breakfast – mixed fruit and nut oat porridge
2. late breakfast – a fried egg with black pudding
3. lunch – roast chicken with roast vegetables
4. high tea – chicken sandwich
5. dinner – lamb chop with potatoes and vegetables

I also supplement with fruit, nuts, yoghurt and chocolate between these meals! Needless to say, I focus a lot of my manic energy into cooking and producing food from scratch, an activity I find therapeutic in itself.

One approach that has worked for me is considering the Glycemic Index of foods. The index out of 100 ranks foods according to the speed the body metabolises them and how they affect blood glucose levels. Foods with a low GI value (55 or less) are more slowly digested, absorbed and

metabolised. If I am really short on food and need something from a corner shop quickly I sometimes buy a Snickers as that contains peanuts which have a low GI value.

In the depressive phase, food can be tricky to manage for different reasons. Someone in depression will struggle to get out of bed and provide for themselves. Going to the shops seems like an odyssey that simply can't be faced. To help someone in this condition, buy them food they can make with minimum effort, ideally just needing to be heated up or microwaved. It's kind to bring them a bag of ingredients but they may not have the creative energy to turn that into food. Keep things as simple as possible.

Managing Resources

In mania, people can become disorientated and managing resources is a challenge. Before undertaking an activity, it's important to plan ahead. For example, if I have decided to walk in the middle of the night across London, I could ask myself some questions:

- What will I need in terms of water and food to keep me going?
- What footwear do I need?
- Is it going to rain and will I need a jacket?
- Is it cold and will I need gloves and a hat?
- If in summer, will I need sun cream later?
- Do I need to take a map?
- Have I got my keys and payment card?
- Can I plan my route to take in shops that will be open?

There's nothing wrong with going for a midnight walk but it is better to be in bed if you can be. If you do decide to go out, it's vital to ensure you have everything you need. Otherwise, you may find yourself at 5 o'clock in the morning in an unknown part of town, waiting for a shop to open in an hour's time. Managing resources in this way is an essential element of keeping well and avoiding crisis situations.

Exercise

We all know that exercise is good for mental health but like most things we take for granted in society, I don't think this applies simply to Bipolar Disorder. There are some forms of exercise that are helpful for depression and others that are more helpful for hypomania/mania.

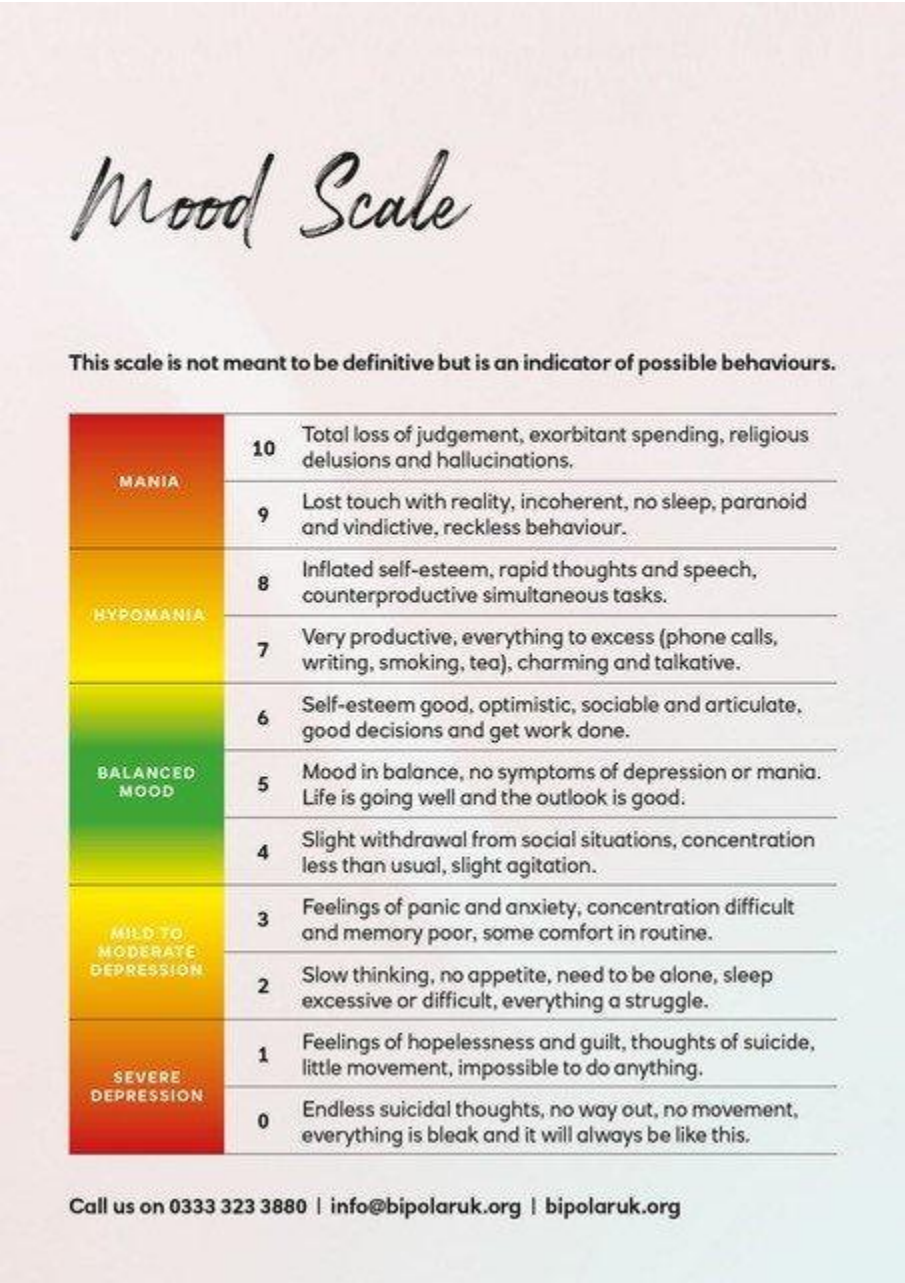
Vigorous exercise is good to help get you out of the doldrums in a depressive episode. I find cycling to be particularly good as it delivers the cardio workout I need but is gentle on the joints, handy as I'm getting on a bit.

In hypomania/mania, however, vigorous exercise may be counter-productive. The body and mind need to settle and vigorous exercise late in the evening won't help. The body feels full of energy and that needs to be released but I find long walks in the morning and Tai Chi are best to use energy but also calm the body and mind, especially long walks in a natural environment, where the colour green can have a calming effect. As with music, it may be tempting to intensify your elevated mood by doing Zumba-boxercise for two hours. This may exhaust you temporarily but may contribute to the feelings of mania in the longer term. You will also deplete your glucose supplies in your muscles, putting further strain on your digestive system to keep your brain in a steady supply of blood glucose.

I therefore suggest isotonic exercise for hypomania/mania such as Tai Chi, yoga, Pilates etc. combined with long walks. Also try not to walk too furiously but discipline yourself to walk in a calm way, not ruminating about your problems but enjoying being in the present with the natural world around you.

Mood chart and action plans

The Bipolar UK mood scale is an excellent way to track mood over time. I find the traffic light system particularly helpful and use it to flag to my manager at work when my mood is accelerating up into hypomania. When I hit a 7 on the mood scale, starting to do everything to excess, I implement an anti-mania action plan.



Mood Scale

This scale is not meant to be definitive but is an indicator of possible behaviours.

MANIA	10	Total loss of judgement, exorbitant spending, religious delusions and hallucinations.
	9	Lost touch with reality, incoherent, no sleep, paranoid and vindictive, reckless behaviour.
HYPOMANIA	8	Inflated self-esteem, rapid thoughts and speech, counterproductive simultaneous tasks.
	7	Very productive, everything to excess (phone calls, writing, smoking, tea), charming and talkative.
BALANCED MOOD	6	Self-esteem good, optimistic, sociable and articulate, good decisions and get work done.
	5	Mood in balance, no symptoms of depression or mania. Life is going well and the outlook is good.
	4	Slight withdrawal from social situations, concentration less than usual, slight agitation.
MILD TO MODERATE DEPRESSION	3	Feelings of panic and anxiety, concentration difficult and memory poor, some comfort in routine.
	2	Slow thinking, no appetite, need to be alone, sleep excessive or difficult, everything a struggle.
SEVERE DEPRESSION	1	Feelings of hopelessness and guilt, thoughts of suicide, little movement, impossible to do anything.
	0	Endless suicidal thoughts, no way out, no movement, everything is bleak and it will always be like this.

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I stick an index card with my anti-mania action plan on to my bathroom mirror, so I see it in the morning and evening. In the morning, I find it helpful to remind myself of things to do and not do, and in the evening check off the actions of the day against the list. My anti-mania action plan is as follows:

- Cut out alcohol and caffeine
- Consider taking a course of my anti-psychotic Risperidone medication
- Take gentle exercise
- Don't take on new responsibilities
- Reprioritise what I have to do and cancel anything non-essential
- Tell my wife and manager that I'm at risk
- Do calming activities like Tai Chi, meditation, sitting in dark room doing nothing, take hot baths daily
- Review situation regularly

I make a note of the dosages of Risperidone I take every day and tick off when I do gentle exercise etc. Resisting new responsibilities is very tricky when in hypomania and this is something to be extra careful about. It can be easy to get caught up in new schemes and want to complete them immediately. I find it helpful to note the thoughts down on paper to get them out of my head and I remind myself that there's no hurry to complete tasks unless they are essential.

Peer support

I started going to a Bipolar UK peer support group in 2006. The first time I went, I remember being nervous beforehand, being unsure what to expect. But I found the first session to be emotionally liberating. It was wonderful to sit in a room with about ten other people, all of whom were dealing with Bipolar Disorder. Everyone was there for the same reason. For the first time in years, I did not feel like an outsider or a fake. I felt like I belonged there.

The group was held monthly and in the first few sessions I must have taken more than my fair share of the conversation. I have learned that that is often the way with new joinees. They have so much pent up that they need to express, or so many questions to ask the others. But others stay quiet for several meetings before opening up about their condition.

I have found going to the group to be one of my chief tools for self-management and a great place for moral support. I am now one of the co-facilitators of the group and aim to make it a place where all people affected by Bipolar Disorder feel welcome, including partners, carers and concerned friends.

Anyone at a group can offer ideas or support to other attendees when they raise a particular issue. This is the strength of the format – the opportunity to draw on the experience of a group of people. Often people will disagree about an issue, for example, whether it is a good idea to disclose that you have the condition to an employer. As a group, we may not get to an agreed position but we get to observe the issue from a number of different view points and that can help someone make their own informed decision.

A key aspect of this format for seeking group advice is that even on a first visit, an attendee can contribute ideas to someone else's problem. Being able to help others is a meaningful activity. Turning one's pain and

suffering into a source of help for others is a truly meaningful experience. Finding meaning in life is such an important aspect of mental health. I was particularly struck by this idea in the work of Victor Frankl, whose book *Man's Search for Meaning* chronicles his experiences as a prisoner in Nazi concentration camps during World War II, and describes how fellow camp detainees who found a purpose in life to feel positive about turned out to be more resilient to the horrors of the camps.

For people with Bipolar Disorder, who are likely to have experienced some extremely traumatic situations, having an opportunity to share and assist others can be very rewarding, especially if they take up a formal role as a group co-facilitator. Small groups of friends have developed out of the group and these sub-sets can be extremely beneficial. I have also noticed the value of a sense of community and social activities such as group visits to art galleries have helped to engender an even greater cohesive group feeling.

The skills that one develops to be able to chair a meeting of people with the condition are also transferable into professional life and I have found a confidence at work that derives in part from my volunteering work. I think that people with Bipolar Disorder can suffer from very low self-esteem when not in mania and having a purpose and role in life can be a really helpful thing to be able to point to when looking for reasons to keep going with life.

Work and Advance Statements

One topic that comes up frequently for debate at peer support groups is the world of work. As a group we have never found consensus on whether it is a good idea to inform an employer that you have Bipolar Disorder. We all agree that good work is good for your mental health. We also acknowledge the huge amount of stigma that still exists around mental health in general and Severe Mental Illnesses (SMI) in particular.

As such, we all agree that it is best not to inform an employer during the recruitment process, and the earliest time to broach the subject would be after having signed a contract. Even then, it can be a minefield to disclose the condition. Personally, I have made the choice to be open about my Bipolar Disorder with my workplace but I did so after I felt confident that the manager I revealed my diagnosis to would be supportive and would not summarily sack me on finding out, as has happened to many people I know.

Overall, I think it has been beneficial for me to have been open about the condition in terms of job stability. However, I am in no doubt that my disclosure of my diagnosis has been career limiting and I have been the subject of discrimination in terms of promotion. Having said that, I am comfortable with the unspoken agreement I seem to have with my employer - I get to stay in a job long term but the downside is I don't have a meteoric career. I am reconciled and broadly content with this deal.

I think it can be tricky to broach the subject of a diagnosis with an employer. If you approach it by saying 'there's something I need to talk to you about. I've got Bipolar' and leave it at that, essentially what you are saying is 'I've got Bipolar, now you've got a problem'. Your manager will not know how to react and is unlikely to have come across this before. If you do decide to be open, and that is a big decision, I would

suggest educating your manager about the condition. Give them a mood scale and explain how it affects you, and how you can use it to keep them informed of your risk of mania/depression. Find a way to work with them so you are managing and mitigating risk together.

A good way to do this is with an Advance Statement, a document in which you state how the condition affects you, how you might behave in each of the mood scale sections from 0 - 10, suicidal to manic. You could include what you will do in terms of action plans to stay well and what would be helpful from your employer in terms of reasonable adjustments, for example being able to work from home if at risk of mania, or encouragement to come back into work as soon as possible if you're off with depression.

Bipolar UK can help you prepare a full Advanced Statement and can work with your employer to ensure you have the understanding and support you need. I have found this to be a very useful tool and I use it as a reminder for my manager any time I am at risk of a serious episode.

Psychotherapy

After receiving my diagnosis in 2000, a full 10 years after my first episode of mania, I tried my best to learn about the condition and find ways to manage it. I paid for some sessions with a psychotherapist who instructed me in Neuro-linguistic Therapy (NLP), a branch of Cognitive Behavioural Therapy (CBT).

The NLP was particularly useful, giving me insight into the workings of my internal dialogue. I learned how to control the inner voice in my mind, identifying negative thought patterns and replacing them with more positive ways of thinking. I learned how to effect change in my life, both internally and externally.

It was helpful to learn practical tools to stop my brain from engaging in self-destructive thought patterns. Also helpful was the ability to take a step back and monitor what was going on in my thinking. This was useful when trying to monitor my mood and decide when I might need to take action to prevent an episode. I think it was helpful to develop a vocabulary around psychotherapy and to begin to understand how the brain works, how it communicates our beliefs and identity and how our thoughts and behaviour can affect how those around us perceive us.

In 2010, I had an extremely traumatic admission to a mental health ward when two mental health nurses came close to killing me while restraining me. I am not exaggerating this and really came close to death. Years afterwards, I was getting flashbacks to this situation and feeling panic when something external triggered memories of the event such as seeing a person who looked a bit like one of the nurses, or if I found myself in a small room with no external windows, similar to the room where this

happened. I realised after some time that I was experiencing the symptoms of Post Traumatic Stress Disorder (PTSD). I was able to get treatment and after about six sessions, the intensity and frequency of flashbacks had greatly reduced. I can write about it now with no sense of still being in the moment of re-experiencing what happened, something that at the time I went for treatment would have been difficult to imagine.

I think a lot of people with Bipolar have traumatic experiences, particularly during the manic phase of the condition. Events that are embarrassing or hurtful, events where one's liberty is taken away or one is attacked can all engender PTSD symptoms. So I think it's worth people with the condition considering whether or not this is the case and whether they may need treatment for this secondary condition.

Suicide Prevention Toolkit

People with Bipolar Disorder are likely to experience the depths of depression at least once and there is a strong chance this will include suicidal ideation.

What is suicidal ideation? I am sure there are suicides that occur due to a sudden perceived catastrophe such as a stockbroker realising a plunge in the FTSE has wiped out their holdings, or someone who's failed their A levels and has the immediate prospect of studying at the local agricultural college instead of university.

But my experiences of suicidal ideation were far more sustained. It typically started with a slide over a number of weeks into depression, then deeper down to a point where my thinking became fixated on self-destruction. In this state, my mind seemed to focus exclusively on ways to take my life with an exhausting drip, drip, drip of repetitive suicidal thoughts. It was quite simply my brain telling me over and over again to kill myself. Sometimes the only relief was to consider different suicidal methodology and how comforting it would be not to exist anymore. This could go on for weeks and was exhausting.

I think it is interesting to consider the first time I experienced these thoughts. I was 17 years old and still at school, recovering from my first manic episode that had thrown my academic life into disarray. I had no idea at the time why my erratic behaviour had damaged relationships with teachers and students alike. During the depressive episode that followed the mania, and which included suicidal ideation, I had no psychological tools to manage what I was experiencing. I concentrated on salvaging my A levels and in time was lucky that the extreme negative thought patterns subsided, despite a level of residual depression lingering for several years.

So what stopped me taking my own life? Probably the most important thing is the fact I grew up in a family. My Dad had Bipolar so there were times when our lives were anything but stable, but we stayed together as a family despite some lean times. I consider that to be a strong protective factor. However, if a friend comes to you feeling suicidal, an observation about the benefits of stable family life isn't going to be much help. Are there practical things we can suggest beyond the usual, sound advice of going to a GP and calling a helpline if you're desperate?

I believe so. There are protective thought patterns that I have developed that now enable me to beat suicidal ideation almost before it starts. As previously mentioned, I found Neuro-linguistic Programming (NLP) to be helpful here. A few sessions of NLP helped me establish a greater awareness of my inner voice and observe the way my mind told me all sorts of unhelpful messages. Developing an ability to spot self-sabotaging thought patterns, and to consider alternative ways to appraise myself and the world around me helped me significantly. I have since used the techniques I learned to develop a toolkit, which I apply when I spot the early warning signs of a depressive episode.

My suicide prevention toolkit

<u>The anti-depression spanner set</u>

This consists of all the things I do to turn around a developing depressive episode - increasing exercise, coming off alcohol and coffee, telling my wife and trusted friends/colleagues that I'm at risk, and ensuring adequate but not excessive sleep. I apply the CBT techniques I have learned and pay more attention to my mental 'monitoring programme' that observes my thoughts and challenges irrational perceptions. Listening to 70s funk helps, rather than intensifying my low mood with someone like Leonard Cohen. Fresh air, sunlight and a good diet are also

key. Antidepressant medication can be useful for some, but it can precipitate mania in people with Bipolar and for that reason I don’t take it.

The hammer of experience

People who make attempts on their lives run a significant risk of completing on the second and future attempts. But this is where a key protective thought pattern can be introduced. I tell myself that I survived last time, so this state of mind is temporary and will pass. I've managed to get out of the hole before and will be able to do it again. Explaining this to someone who is suicidal is tough and they simply aren't going to comprehend easily. Their mind may be telling them that a perceived catastrophe or situation they are facing is final and can't be solved, and that the only logical way to deal with it is self-destruction. They may believe they will always feel this bad. If done sensitively, however, it is possible to plant the kernel of an idea of the eventual transitory nature of these thoughts.

The screwdriver of positive memories

I list the positive things that have happened since I was last feeling suicidal - what would I have missed if I'd gone through with it? When I first applied this thinking, it was things like becoming an uncle, making some new friends, and learning salsa dancing, all of which I would have missed. Between each episode, there will be a number of positive memories, so extending that to imagine all the good things I would inevitably miss in the future is another useful tool. Thinking back on all I would have missed in the 30 years of life since my first episode of suicidal ideation is quite sobering.

The pliers of blessings

Someone experiencing suicidal ideation may feel that they have exhausted all their resources, that they have nothing to count on. However, even in what appears a desperate situation, it is possible to count your blessings and to do it systematically. I have water, I know where my next meal is coming from, my shoes are keeping my feet dry, I have somewhere to sleep tonight, I have a brother and can call him anytime, and so on. Suicidal ideation can stem from an underestimation of the resources we have at our disposal, so listing what we have can be helpful. Saying to someone 'how can you be suicidal when you have so much, you should count your blessings' is unhelpful. But helping them to realise how much they do have can be beneficial, if done sensitively. You may not be able to convince them in the moment, but again, you may be able to establish the seed of a positive thought. Establishing a habit around listing three things to be grateful for every day also has its benefits.

The electric drill of other people's grief

Thinking how people would react to my suicide is helpful. In the past, I have pictured the despair and grief that my family and friends would experience. It was hard to think of putting them through that pain and enough to make me think twice. Now that I am married, the thought of my wife having to cope is simply unthinkable. Sometimes people who are suicidal feel that the world would be better off without them. They may believe they have created a catastrophic situation and their friends and relatives would benefit from them not existing anymore. Again, this thought pattern is not borne out by reality. We know that families and friends suffer intense grief related to suicides. Considering the psychological impact on the person who would discover me is also a thought that has held me back.

The workbench of community

I have facilitated peer support groups for people with bipolar for ten years. Once a month, 20 - 30 people with the condition, carers and family members come to the group and talk for two hours, developing practical self-management techniques, and finding advice on how to help loved ones. It is common for people who have attempted suicide or who are experiencing suicidal ideation to attend the group. Managing a response effectively is a key part of my role, not least because the group needs to feel that the right support is being given. Failure to manage the situation adequately creates anxiety within the group and people might then be prompted to take action they are not trained for, which could involve risk.

When someone in a suicidal frame of mind comes to the group for the first time, I start by talking of my own experience as this creates a permissive environment where suicidal thoughts can be discussed openly. I stipulate that methodology is not a topic for discussion, neither is recounting historical attempts. Instead, I get the group to focus on practical techniques to deal with the ideation. If someone is suicidal when they come to the group, we offer to pass their phone number to the charity's staff, who will contact them, helping them engage with statutory health services and other support.

The sense of belonging to a group, finding a new set of supportive friends and sharing experiences has no doubt contributed to some of our attendees' battles against suicidal ideation.

The chisel of a compassionate listener

I've described my toolkit, which I apply when I notice the first signs of my mind heading in a self-destructive direction but having a friend or relative on your side can be extremely helpful. If someone tells you they are experiencing suicidal thoughts, I would suggest listening to them. Don't

panic. Let them explain to you how they are feeling and try not to judge. Although the thoughts are irrational, what they are thinking feels real to them and it will take time to get out of that mode of thinking. The most powerful message to try to convey, is that these thoughts will pass in time. You can also signpost to support either through a GP, local mental health crisis service or through the third sector with phone lines and online information provided by Sane, Samaritans, Mind and Bipolar UK etc.

As a society, I think we need to normalise talking about suicidal ideation when it occurs, and abnormalise acting on it.

Bowls for forgetfulness

The states of hypomania and mania can be extremely confusing and the mind doesn't focus easily. It is really easy to lose concentration and become taken along by a succession of divergent thoughts that do not coalesce but leave you feeling like your thoughts are built on constantly shifting sands.

I have found it helpful to organise my thoughts by writing things down. I also find that a few life hacks can be helpful. For example, I keep a pad of paper and pen by my bedside in case I have thoughts in the night that I need to download out of my head into the physical world.

I have found in the past that it was easy to lose important things during mania like keys, wallets, bags, passport etc. I keep two wooden fruit bowls in our house, one upstairs in my bedroom, the other in the living room. When I come home, I make sure to leave all keys, money and valuables in one of these two bowls depending on where I am in the house. This discipline has meant that I no longer misplace things in the way I used to and I manage to stay more organised, spending less time fire-fighting due to losing things.

Other hacks such as using Google Calendar to manage appointments all help to keep organised during a period of chaotic thinking. You may have your own tips.

Digital tools

I have found digital tools to be helpful in managing my condition over the years. I finally got a diagnosis of Bipolar in the year 2000. If you were around then will remember that the internet was young, we used to have to dial up to access the 'world wide web' and Google didn't exist - we had Netscape Navigator. It was all a bit clunky, but I discovered there was a world of information out there to help me manage my condition and I have been using digital tools ever since. New programmes and apps are being developed all the time, but these are my current top ten. What digital tools do you use? Should any of them be on this list? My starting criteria are that apps need to be available in all geographical locations and are free of charge for at least a basic version. They need to be effective and easy to use.

1. **StayAlive**

https://www.prevent-suicide.org.uk/stay_alive_suicide_prevention_mobile_phone_application.html

An app for those at risk of suicide and those worried about someone. National information but local information only available in certain areas. Free to use

2. **Bipolar UK ecommunity**

https://ecommunity.bipolaruk.org/entry/signin?Target=categories

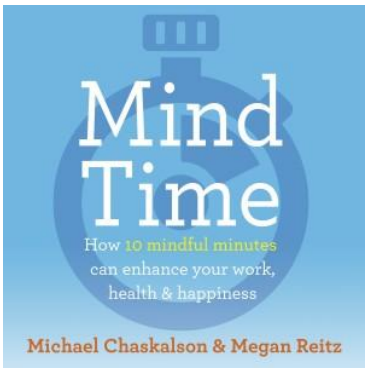
This online community is moderated by Bipolar UK staff and an excellent place to get support with self-management from other people with the condition.

3. **Moodscope**

https://www.moodscope.com/

This app came top of a competition by run by DHSC in 2011 to find the top health apps, so it's been around a long time. It's quite fun to use involving a playing card mood assessment (you've got to try it), graphs to track over time and it emails me a daily blog.

4. **Mindfulness/meditation podcasts**



Learning mindfulness techniques can help manage SMI conditions. Michael Chaskalson's guided mindfulness exercises are free to use. Search for them online.

5. **REACT Toolkit**

REACT Relatives Education and Coping Toolkit

https://reacttoolkit.uk/about-2/what-is-react/

REACT is the 'Relatives Education And Coping Toolkit'. REACT is an online self-help package (toolkit) for relatives and friends of people with mental health problems associated with psychosis or bipolar disorder. The toolkit has been put together by a team of people with expertise in this area, including clinicians, researchers and relatives of people with psychosis or bipolar disorder. Free to use.

6. **Woebot**

Woebot

https://woebot.io/

This is a fun little app - you have text conversations with a 'robot friend'. The programme was developed by psychologists at Stanford and teaches Cognitive Behavioural Therapy (CBT) techniques.

7. **Daylio**

https://daylio.webflow.io/

This is a mood tracker app. You give yourself a simple mood rating every day and can add diary entries. Simple and easy to use but you might need to set up your own daily reminder with a Google calendar entry (or similar) if you stick with the basic free version.

8. **NHS App**

https://www.nhs.uk/apps-library/nhs-app/

The app can be used to book GP appointments, order repeat prescriptions and access a range of other healthcare services. The login set up is quite demanding but worth persisting with as the app has information about all health conditions and links to support.

9. **BNF app**

https://www.bnf.org/products/bnfbnfcapp/

This app is a fantastic digital version of the British National Formulary, the big book about medication that doctors keep on their desks. Free to use.

10. **Sleepio**

People with SMI often suffer from poor sleep which exacerbates their condition. Sleepio incorporates an animated facilitator, 'the prof', so cleverly addresses the issue that digital tools are most effective if they include facilitation to prompt people to stick with the programme. Available soon and will be free to use.

A Final Word

If you are someone with Bipolar Disorder or you are a carer, I hope you may have found something useful in this book but you will need to find your own answers for dealing with the condition. You may simply be someone who was interested in learning about Bipolar Disorder, in which case, I hope the book has shed some light on the condition. I wish you health and happiness now and for the future.

I would be really grateful if you would consider making a donation or better still, commit to regular giving to Bipolar UK to help other people affected by the condition.

www.bipolaruk.org

The views in this book are my own and do not represent the views of Bipolar UK.