

# The 'B' word

Building a bipolar-friendly workplace

July 2024

“ A couple of decades ago, people nervously referred to cancer as the 'c word'. Those days are gone thanks to increased understanding.

We now urgently need a similar sea-change in the conversation around mental illness. It's time to eliminate fear and ignorance of bipolar.

Where better place to start than in the workplace to harness the creativity, intelligence and empathy, commonly linked to people who are living with the condition?

**Simon Kitchen, Bipolar UK CEO**



# Executive Summary | Building a bipolar-friendly workplace



Bipolar is a severe mental illness characterised by significant and sometimes extreme changes in mood and energy, which go far beyond most people's experiences of feeling a bit down or happy.

There are over one million people with bipolar in the UK.<sup>1</sup> Millions more are impacted through close friends and family.

The employment rate among people with bipolar is estimated to be between 40-60%.<sup>2</sup> This is significantly lower than the average employment rate of 74% in the general population.<sup>3</sup> Given the high number of people who are living with bipolar without a diagnosis, this is likely to be an underestimate.<sup>4</sup>

## Barriers to employment

The Bipolar Commission found that there are significant barriers for people living with bipolar in the workplace.

- Nearly two-thirds (63%) of respondents had experienced job loss
- More than two-thirds (72%) had not applied for a particular job because of their condition
- Over two-fifths (44%) hadn't applied for a promotion because of their condition

All survey respondents had a diagnosis of bipolar and were engaging with the charity. The wider bipolar community (56% of whom don't have a diagnosis) are often managing complex bipolar symptoms without any treatment, support, language or understanding of the condition.<sup>5</sup>

## Challenges in the workplace

A diagnosis opens the door to treatment, support and knowledge and the potential for someone to live well with bipolar. However, in early 2024 a Bipolar UK survey found that:

- Nearly a quarter of respondents (24%) hadn't told anyone in the workplace about their diagnosis of bipolar
- Three in 10 respondents who had told people in the workplace about their diagnosis of bipolar later regretted it
- 44% of respondents reported experiencing stigma because of their bipolar
- 32% reported being actively discriminated against because of their bipolar
- Two-thirds hadn't heard of the government's 'Access to Work' scheme which could support them
- Fewer than one in 10 (7%) had applied for support from 'Access to Work'

## Building a bipolar-friendly workplace

Survey respondents reported that the biggest challenges in the workplace are managing bipolar symptoms (76%) and managing medication (57%). This is why Bipolar UK is campaigning for access to specialist treatment and support for everyone with bipolar.

Specific to the workplace, over half (57%) of respondents reported a lack of understanding as a barrier to thriving in the workplace. People with bipolar want to work in an environment where:

- HR teams understand bipolar (98%)
- line managers understand bipolar (98%)
- flexible working arrangements are available (97%)
- employers welcome open and honest conversations about mental health (97%)

## Meaningful reasonable adjustments

- Guilt-free time off
- Flexible work schedule
- Flexible work environment
- Time out for medical appointments
- Regular check-ins
- Post-episode recovery support
- Setting clear objectives
- Planning ahead

Improving the understanding of bipolar and implementing meaningful EDI policies in the workplace could have a significant impact, not only for individuals affected by bipolar, but their teams and society and the economy in general.

## The Bipolar Commission recommends:



- ✓ Integrating a culture of compassion into workplace policies
- ✓ Training workforces to understand bipolar
- ✓ Implementing meaningful reasonable adjustments
- ✓ Supporting employees to utilise support schemes
- ✓ Signposting employees to bipolar-specific support



“Let’s create the right culture in workplaces for individuals with bipolar to make the most of their talents.

**Heston Blumenthal**

Let’s not beat about the bush. Bipolar can be brutal.

For me it has certainly been a massive catalyst for creativity. And during those periods, everything seemed wonderful. But what goes up must come down.

And come down I did. The extreme highs would plummet to extreme lows. The days where I believed I could save the world would be followed by days where I wanted to fight the whole world, and I would just bash, smash, wallop. I had suicidal thoughts. I had hallucinations. And what people don’t realise is that when you’re in it – in the eye of the storm of elation or despair – you have no idea that you’re living and behaving in an extreme. I had no idea that I had bipolar, or the damage it was doing to me or those around me.

In the end, my wife had to section me in order to save my life. And, even with help and medication, it’s still a struggle that I face every day.

There are more than a million people in the UK with bipolar, some of whom are suffering their own version of this nightmare right now. And there are more than five million loved ones, families and friends trying to pick up the pieces and help put them back together again.

As I said, it can be brutal. But it’s also true that many people with bipolar are mostly stable. One of the keys is better healthcare. (It currently takes an average of 9.5 years to even get a diagnosis.) Equally important, though, is better understanding of this severe mental illness. We all need to talk about and understand bipolar so we can get rid of the shame and stigma surrounding it.

As you’ll discover in this report, in order to help enable this community to thrive in the workplace and tap into their abundance of creativity, empathy and drive, employers, HR managers and business owners need to gain a greater understanding of bipolar.

So let’s get informed and educated. Let’s get debate going and change happening. Let’s create the right culture in workplaces for individuals with bipolar to make the most of their talents. Let’s make things better.

# Introduction



The employment rate among people with bipolar is estimated to be between 40-60%.<sup>6</sup> This is significantly lower than the average employment rate of 74% in the general population.<sup>7</sup> Given the high number of people who are living with bipolar without a diagnosis, this is likely to be an underestimate.<sup>8</sup>

Stable, good quality and rewarding employment is a protective factor for good health and can be a vital part of recovery following an episode of depression or mania. However, challenges still remain for people living with bipolar to both gain and maintain employment.



All too often, there is an underlying, sometimes explicit, implication that people with poor mental health are using their conditions as an excuse to avoid work.

In November 2023, the government launched its 'Back to Work Plan' with the aim of helping up to 1,100,000 people with long-term health conditions, disabilities or long-term unemployment to look for and stay in work. Described as 'the next generation of welfare reforms', the plans included tougher sanctions on those who don't actively look for work and trials to reform the fit note system.

It is crucial we understand how bipolar fits into this complex picture and what the community needs to thrive in the workplace. It is a mistake to assume that people with bipolar don't want to work. Only 6% of respondents in our 2024 survey about the workplace said they were both out of work and not currently looking for work.

Many people with bipolar are in and do want to work. However, they are not always offered opportunities to fulfil their potential or given the support they need.

Drawing on a combination of desk-based research, data from the economic impact assessment of bipolar for the Bipolar Commission and new findings from an extensive survey of people living with bipolar, this report shows what we can all do to support this community to get into and stay in work.

## About the authors

The Bipolar Commission was launched on World Bipolar Day in 2021 with the dual aims of reducing the risk of suicide and transforming healthcare for people living with bipolar.

Bipolar UK is the only national charity dedicated solely to bipolar. It was founded over 40 years ago by people affected by bipolar, for people affected by bipolar. We provide peer support through support groups, an eCommunity and a support line. We also conduct research, provide online self-management resources and advocate for early diagnosis and effective treatment.

The ethos of prioritising lived experience continues today, with approximately a third of staff and trustees living with

**People with bipolar bring many qualities into the workplace including **creativity, intelligence and empathy****

the condition and a further third personally affected through friends and family. From its position as an employer and volunteer manager, service provider and advocacy and research body, the charity acknowledges there are significant variations in the ability and support needs of people living with bipolar. And, because the condition is episodic, an individual's support needs are likely to fluctuate.

In spite of potential challenges, people with bipolar bring many qualities into the workplace including creativity, intelligence and empathy.<sup>10</sup>

## Adopting best-practice

Encouraging equity, diversity and inclusion (EDI) in the workplace makes sound business sense. In a study by the Harvard Business Review diverse companies were 45% more likely to report market share growth over the previous year and 70% more likely to report that the firm captured a new market.<sup>11</sup> One survey found that 31% of Gen Z are actively looking for employers that prioritise EDI.<sup>12</sup> And, in a CNBC/SurveyMonkey Workforce Happiness Index poll of 8000+ people, 78% said it's 'important' to work at a company that makes diversity and inclusion a priority.<sup>13</sup>

If individual differences and contributions are recognised and valued, this allows all staff to reach their full potential and use their talents and resources to maximise efficiency. Creating the right culture and conditions doesn't only benefit individuals with bipolar, but the wider teams and society in general.

We are not here to judge poor practice or a lack of understanding about the condition, but to prompt employers to ask – what can I do to create an environment where employees with bipolar can thrive?

# Contents

What is bipolar? .....6

Bipolar in the workplace .....9

Challenges in the workplace .....10

Building a bipolar-friendly workplace .....14

Personal account – Joanna Dunbar-Webb shares her story .....16

The Bipolar Commission’s recommendations .....17

## Get in touch

If you would like to find out more about Bipolar UK, or to discuss ways in which we can work together, please get in touch.

- Workplace Training:** workplace@bipolaruk.org
- Corporate Partnerships:** partnerships@bipolaruk.org
- Peer Support Services:** info@bipolaruk.org
- Fundraising:** fundraising@bipolaruk.org



## What is bipolar?

Bipolar is a severe mental illness characterised by extremes highs and lows of emotion and energy. These are simplified using this Mood Scale.



### The Bipolar UK Mood Scale

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

At any one time the vast majority of people, including those with bipolar, are in a balanced mood state (4-6) with mild variations of higher and lower moods.

Someone with bipolar may need to monitor their mood daily so they can notice any early symptoms of hypomania (7, 8) or depression (2, 3). If they don't take action when they notice these earlier symptoms, the symptoms may intensify, and they can experience an extreme high (9, 10) or extreme low (0, 1).

Some people with bipolar can also experience what's known as a mixed state, where they can have symptoms of high and low mood at the same time.



There are two main types of bipolar: bipolar type 1 and bipolar type 2.

The main differences are that people with bipolar type 2 don't experience full-blown mania but tend to experience more frequent and longer episodes of low mood.

Some people are also diagnosed with a mood disorder called 'cyclothymia' where milder symptoms of high and low mood are present for at least two years.



## People with bipolar are **20 times more likely to die by suicide**<sup>14</sup>

### Bipolar episodes

Periods of extreme mood or a mixed state are often referred to as an 'episode' which is usually initiated by 'triggers'. See table on the next page.

Triggers can vary from individual to individual but there are common themes, such as disrupted sleep patterns, traumatic events like abuse, bereavement or redundancy, as well as times where emotions are likely to be more intense, such as starting a new job or relationship.

### Hypomania

People who are experiencing hypomanic symptoms often say it's like a pleasurable state of high energy and focus. During this period, people with bipolar sometimes do their most creative work and can be extremely productive, taking on the workload of two people, seemingly with ease.

This hyperfocus and productivity can be a win-win for both the employee and employer. However, the symptoms of hypomania can also include anxiety, racing thoughts, pressured speech and paranoia. And if these symptoms aren't managed at this stage, a hypomanic mood can spiral into a full-blown manic episode which is usually followed by a deep depression.

### Mania

An emerging manic episode is often described as a train racing down a hill. The person living with bipolar starts taking on more and more projects and eventually becomes overwhelmed, unable to complete any of the tasks required. They sleep less, or stop sleeping altogether, send long emails at 2am and make erratic decisions.

During this period, someone may start behaving uncharacteristically, misusing alcohol or recreational drugs, engaging in hypersexual behaviour or overspending.

At its most extreme, someone in a manic episode can experience symptoms of psychosis, with hallucinations or religious delusions. These usually feel truly terrifying and lead to hospitalisation. Detention under the Mental Health Act may become necessary.

### Depression

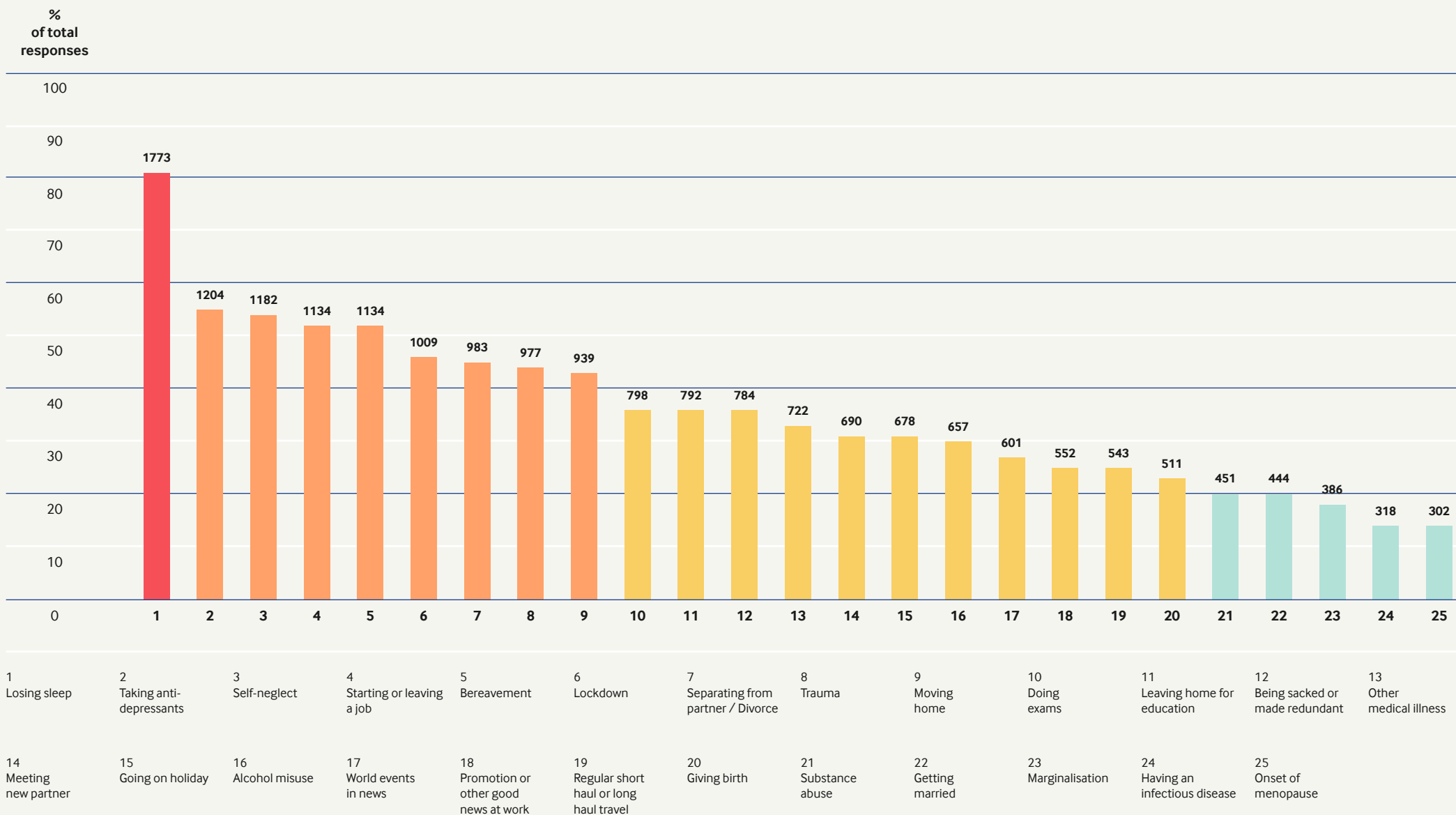
During depressive episodes, employers may notice staff becoming less productive, motivated and sociable, having low energy or needing to be signed off sick for long periods. They may withdraw from work related social events, or avoid in-person meetings or coming into the office. Severe episodes of depression can lead to periods of total inactivity and recurrent intrusive suicidal thoughts.

There is no clear-cut beginning or end for each stage of an episode. For an employer, it can be difficult to distinguish between bipolar symptoms and general performance. A long 2am email or poor punctuality may raise valid questions, and/or may also indicate that someone needs treatment and support.

### Reducing symptoms

Learning how to reduce the frequency and severity of symptoms and episodes is known as psychoeducation. This is an effective way to self-manage the condition, and may include taking medication, optimising sleep, psychological therapies, peer support and careful lifestyle planning in order to reduce, and where possible, avoid, certain triggers.

# What life events have triggered an episode?





# Bipolar in the workplace



For someone living with bipolar, changes in mood both impact on, and are influenced by the workplace environment, culture, policies, colleagues, management and workload. Understanding this connection is vital to self-management, as well as to job retention and career progression.

The Bipolar Commission found that the number one trigger for a bipolar episode, reported by more than 80% of 2400+ respondents, was sleep.<sup>15</sup> This has implications for shift work and jobs that require long hours and/or frequent long-distance travel.

## The survey found that:

- Over half of respondents reported that starting or leaving a job had been a major trigger
- Around a third reported that being sacked had been a trigger
- Perhaps more surprisingly, around a quarter of people reported that getting a promotion had been a trigger

Unemployment and under-employment also hit people financially, which in turn can impact someone's bipolar. The Bipolar Commission found that nearly two-fifths (39%) of respondents had been triggered by money worries. Not being able to maintain steady work can therefore mean episodes become more frequent and harder to manage.

## The workplace environment

The environment at work can also directly impact someone's bipolar and in turn their workplace performance. For example, the stimulus of bright lights or noise in an office could exacerbate a hypomanic episode, or continuous working from home could make low symptoms harder to manage.

## Reasonable adjustments

Bipolar is classified as a protected characteristic under the Equality Act 2010, meaning employers are not allowed to discriminate against people with the condition and have a legal obligation to make reasonable adjustments to enable them to work. These could include 'guilt free' sick days when someone needs time off to prevent any early symptoms getting worse or allowing someone to start later during periods when they're not sleeping.

These adjustments can be put into place either proactively or reactively. They vary from individual to individual, from workplace to workplace, from role to role – and they may also need to be revised at different times. See page 15 for a list of reasonable adjustments many people with bipolar find helpful.

“Working shifts, my medication can have an impact upon my sleep and schedule, which presents challenges. When I need to be in work early the next day following a night shift my sedative is still in my system and I have to drive on motorways. **AK**

My hypomanic phases meant I often became a high achiever and became expected to maintain those standards. **BH**

The culture in my workplace promotes workaholicism which is dangerous for me as it can trigger hypomania and also makes me feel very inadequate when I have low periods. **CT**

My bipolar affects my concentration and I have to try and be more organised... I try to mask and cope, because I don't want to let people I work with down which can then lead to burn out. **RD**

Being signed off regularly with very little warning for 6-8 weeks at a time was difficult for me and for my employer. Working from home changed everything, though, I haven't been signed off in three years. **PW**

It can be harder to interact with people when I'm having a low period but my boss can arrange for me to work in the back so I can avoid people and still be useful. **MV**

Life events which involve **change**, both 'good' and 'bad', can also be triggering.

## Challenges in the workplace



Getting a diagnosis means someone living with bipolar can begin their self-management journey.

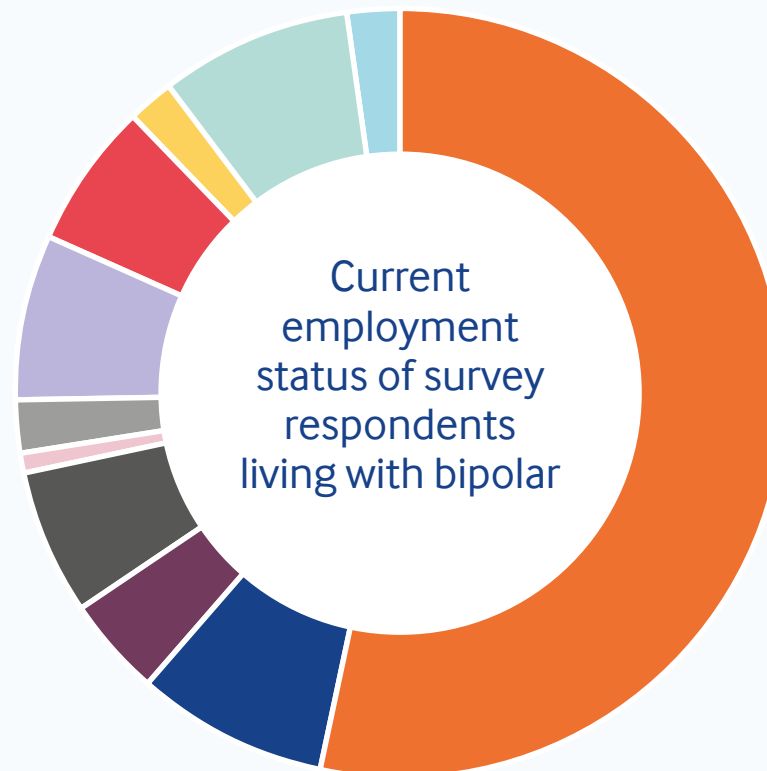
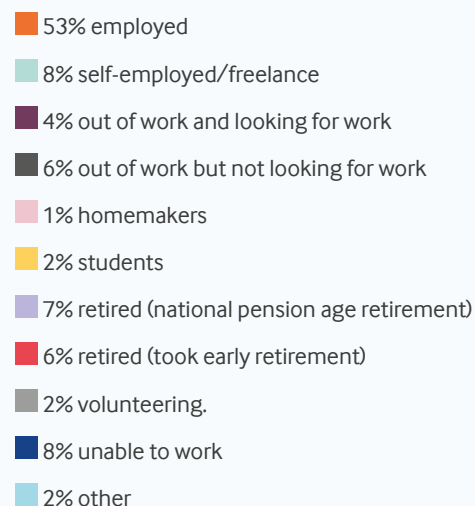
The Adult Psychiatric Morbidity Survey (APMS) found that fewer than half of people with bipolar have a diagnosis and the Bipolar Commission found that it takes, on average, 9.5 years to get a diagnosis in the UK.<sup>1</sup>

There are hundreds of thousands of people living with bipolar who have no idea they have the condition and cannot make sense of the unpredictable shifts in their mood and energy.

Having bipolar symptoms without a diagnosis means someone doesn't have the language or understanding of the condition that starts with a diagnosis. It also means that the employee finds it harder to get protection under the Equality Act 2010, and may mean an employer doesn't have a clear framework to outline how to support their employee.

## Workplace survey findings

In early 2024, Bipolar UK conducted a survey to understand better the experiences of people living with bipolar in the workplace, exploring the unseen barriers and difficulties. More than 1000 people living with bipolar responded. The results of their current employment status were:





Analysis of the findings revealed three significant challenges respondents had faced while managing bipolar in the workplace:

1. **Being treated differently**
2. **Telling an employer about their condition**
3. **Putting reasonable adjustments in place**

### **Discrimination, stigma and lack of understanding**

Despite bipolar being a protected characteristic, 44% of respondents reported experiencing stigma because of their condition and 32% reported being actively discriminated against.

This suggests that recent positive changes in public attitudes and current legislation only go so far. In fact, stigma and discrimination were often raised as the main reason for regretting telling an employer:

“ My boss said that I may need to work in non-public facing roles and work only in the office, that it's up to occupational health to tell my boss how bipolar disorder affects me. **TW**

Once I informed them of my diagnosis, I was refused a working pattern that could accommodate my medication and therapy needs. As such, I ended up handing in my notice, and I have been out of work since. **GL**

It made me feel paranoid. I felt like it was difficult for them to support and felt micromanaged and not allowed to take on more responsibility. I ended up leaving shortly afterwards. **WA**

I found that I was treated different from my other colleagues. **OC**

It was used against me when I was having other troubles for my health and managing it within the workplace. HR talked in a degrading way about it and completely diminished the impact the illness can have. **EN**

### **Telling people at work about a bipolar diagnosis**

43%

told some people

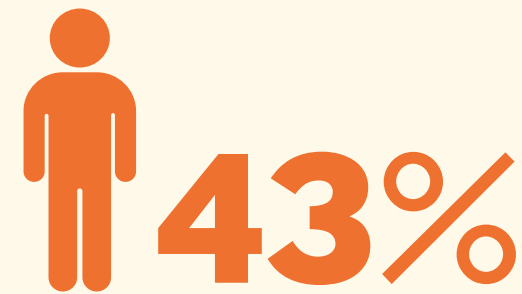
33%

told everyone

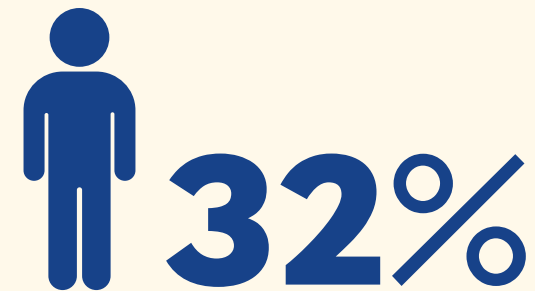
24%

didn't tell anyone

## **Discrimination and stigma**



of respondents reported experiencing stigma because of their condition



of respondents reported being actively discriminated against



If they are one of the 44% of people living with bipolar who have a diagnosis, an individual is under no legal obligation to tell an employer or their colleagues.

Around a third of people living with the condition who filled in the survey told us they are open with everyone about it in the workplace. Several of them explained the benefits of being open:

“ I feel colleagues I work with closely better understand my behaviour. **RH**

It's better to be truthful. **FK**

I haven't got anything to be ashamed of and I've got nothing to hide. Why shouldn't I mention it? Just like I would tell people if I had asthma or diabetes. **PW**

On the other hand, nearly a quarter of respondents (24%) kept their diagnosis private and didn't tell anyone at all. Reasons for not telling an employer included:

“ I had a bad experience in my last workplace. There is still stigma. I'm keeping it private. **LS**

I can work well but need flexibility and understanding to do so. I feel that bipolar symptoms are misunderstood so I'm too scared to talk about it. **TS**

I worked in childcare and felt that I would be treated differently/not trusted. **SG**

I have said I have depression but not bipolar, as I've only had two manic episodes in several episodes and know the term bipolar scares people still. **PF**

“ I'm scared of being judged. I'm afraid people will treat me differently. People might think I'm crazy. **RH**

Let's face it most people haven't a clue what it's like to have bipolar. **TS**

I have a fear of stigma, judgement and people being uncomfortable around me if they have misconceptions or preconceived ideas about the condition. **PW**

The remaining respondents told some people at work - Human Resources, managers, colleagues - but not everyone. Worryingly, of the respondents who had told people in the workplace, three in 10 said they regretted telling them. Reasons for the regret include:

“ When I told them, I felt they was watching me a lot more, and if I was ever feeling annoyed or just having a general bad day, I would get comments... **WB**

They offered me the job verbally after the interview. In a follow-up call I mentioned I have bipolar, and the offer was withdrawn. **OS**

“ Since telling them I feel vulnerable and exposed and treated differently” **EB**

“ Information about my condition was passed around the workplace and wasn't kept confidential. **EK**

Many of my colleagues have over-reacted in both negative and well-intended ways when I end up feeling patronised. **JD**

I was too open about my diagnosis and what I've been through with one particular colleague. I now feel embarrassed whenever I see them at work. **TS**

My manager referred to me as her “little nutter” and pressurised me to become manic as it made me very efficient. **LS**

**3 in 10** survey respondents said they regretted telling people at work



Common solutions to overcome barriers to employment, often put in place to support someone with a disability to get into and stay in the workplace, are not necessarily relevant for people living with bipolar.

Only around a quarter of respondents reported common issues such as commuting/transport (21%), lack of flexible working arrangements (26%), having a physical health condition (27%) and unsuitable work environments (21%). A lack of suitable workplace equipment was only mentioned by 4% of respondents as a problem.

### Specific barriers to thriving with bipolar in the workplace

It is important to recognise that managing bipolar is a life-long commitment. For someone to stay well and in work, they need knowledge, support and treatment. And even then, sometimes someone can be doing everything 'right' and still become unwell. Following an episode, recovery can take time physically, socially, professionally and cognitively.

The biggest barrier to thriving in the workplace, reported by 76% of survey respondents, is managing bipolar symptoms. This underlines the fundamental importance of a diagnosis and ongoing specialist treatment for the condition. It also emphasises the need for flexibility in working arrangements, to allow employees to avoid triggers such as a lack of sleep.

**Over half of respondents (54%) say lack of confidence is a barrier due to negative previous experiences and belief they can't do certain things because of the condition**

## Over half (57%) of survey respondents reported a lack of understanding as a barrier to thriving in the workplace

Another specific barrier is managing medication, reported by 57% of respondents. Medication is often critical for helping people manage their moods, but it can cause some side-effects such as nausea, lack of concentration, fatigue and weight gain. Changing medication or altering the dosage can also have a disruptive impact on mood, sleep and energy.

People with bipolar want to work in an environment where:

- HR teams understand bipolar (98%)
- line managers understand bipolar (98%)
- flexible working arrangements are available (98%)
- employers have open and honest conversations about mental health (97%)



### Workplace priorities for people with bipolar

Very important

Fairly important

HR teams understand bipolar

87%

11%

line managers understand bipolar

85%

13%

flexible working arrangements are available

74%

24%

employers have open and honest conversations about mental health

78%

19%



# Building a bipolar-friendly workplace | Recommendations for employers



The benefits of empowering people with bipolar are enormous, for the individual, their family, employers, the NHS and the Exchequer. The charity has worked with – and continues to work with - literally thousands of people with bipolar who are working successfully in many different fields, including law, retail, finance, media, IT, third sector and the creative arts.

Building bipolar-friendly workplaces benefits individual people and workplaces, and society and the economy in general.



## Increasing understanding of bipolar in the workplace

The only way stigma and prejudice will be banished from the workplace is if employers feel comfortable enough to have ongoing, open and honest conversations with their staff about mental illness in general and bipolar specifically.

The level of understanding that's needed goes way beyond generalised approaches put into place to support employee wellbeing or vague conversations about 'mental health'. Instead, the dialogue needs to be focussed upon mental illness, including on how it manifests and impacts individuals in the workplace.

HR and EDI teams – as well as the direct managers and colleagues of staff who live with bipolar - need to lead the way, taking the time to understand the nuances of the condition. Bipolar UK has a number of resources that can help to build up understanding, including:

- > **Free 20-minute eLearning course**
- > **Workplace training - to book or find out more, email us at [workplace@bipolaruk.org](mailto:workplace@bipolaruk.org)**

These resources will allow employers to understand the condition, as well as enabling them to spot the warning signs in employees who may have bipolar. This understanding will allow for stronger relationships to be built between the employee with bipolar and their managers and will, ultimately, contribute to a higher likelihood of the employee performing well in work.

## Sharing resources across the workplace

Bipolar UK is campaigning to encourage anyone who has symptoms associated with poor mental health to ask the question 'Could it be bipolar?' And – if there's a culture in the workplace of openness and trust – we encourage the people around them, including colleagues and managers, to ask the same question.

This may help lead to an earlier diagnosis which opens the door to appropriate treatment, support and reasonable adjustments.

### > Find our 'Could it be bipolar?' resources here

A diagnosis journey is private to the individual. Implementing an open-door policy will help to create a workplace culture where people feel safe to share concerns about their mental health and ask for the support they need.

“ Bipolar UK training was invaluable, improving our understanding of the unique challenges and financial impacts associated with bipolar. This has allowed us to provide more effective support throughout the debt advice process, resulting in more positive outcomes for our clients.

**PayPlan - Free debt help and advice provider**

“ It was clear, both from the comments during the talk and feedback we received afterwards, that what Bipolar UK shared in the session has made a step change in people's understanding of bipolar.

**Diana Noble - Non-Executive Director - Bank of England**

# Reasonable adjustments

For someone with bipolar or someone who is supporting a loved one with bipolar, reasonable adjustments are the changes an employer can make to remove or reduce a disadvantage related to their disability or caring responsibilities.

The survey findings show that adjustments that help to make bipolar easier to manage in the workplace aren't typically expensive or difficult to implement. They are often no different to flexible working requests offered to protected groups, such as parents and carers. They may include:



## Guilt-free time off

Allowing employees with bipolar to take one or two days off sick, or give short notice for annual leave, when they first notice early symptoms would allow them to focus on their self-care and give them the time to put prevention plans in place. This can help to nip an episode in the bud and avoid longer-term sick leave.



## Flexible work schedule

If they've been struggling to regulate their sleep patterns (which may be down to their medication, seasonal changes or because they are experiencing an episode), employees with bipolar may benefit from starting work an hour or two later. Whenever possible, some employees with bipolar may also prefer to avoid scheduling in early-morning and/or back-to-back meetings.



## Flexible work environment

At times, people with bipolar may find certain environments too stimulating or overwhelming – the bright lights or too much noise in an office, for example, may be distressing for people when they're hypomanic. Being able to work from home temporarily or in a quiet area with adjusted lighting can avoid exacerbating episodes. During winter, or when someone's experiencing symptoms of low mood, they might find it helpful to position a light box on their desk.



## Plan ahead

Working together to make a plan, known as an 'advance statement', can help both employees and employers to spot early warning signs of a potential episode and to take proactive steps to mitigate them. For example, this may include temporarily taking on less work or reducing caffeine intake. An advance statement can also provide employers with guidance on how to properly support someone when they're experiencing an episode, with the focus on the wishes of the employee with bipolar.



## Time out for medical appointments

Employees with bipolar may need regular medical appointments for blood tests, health check-ups, medication reviews and therapy sessions. It is essential to support someone to have the time off they need to help them stay well, even if this may not be 'the done thing'.



## Regular check-ins

It's important for someone with bipolar to know who they can speak to if they need extra support, have any concerns or need time off for appointments or sick-leave. Regular wellbeing check-ins with a trusted manager – either temporarily or long-term – can be a helpful way to set up a clear communication pathway.



## Post-recovery support

Employees returning to work after a bipolar episode will need to be given the space and time to integrate back into the workplace until they're fully up to speed. A phased return to work is often helpful. Depending on the severity and length of the episode, they may also need support to retrain to regain lost skills and confidence.



## Setting clear objectives

Having a plan in place, outlining role boundaries and responsibilities so an employee understands their role will reduce confusion and anxiety and the risk of someone taking on excessive additional responsibilities whilst hypomanic.



## Avoiding triggers

It's vital for the employee and employer to work together to manage an individual's known triggers for bipolar symptoms – shift work or travel that disrupts sleep, for example. Taking on too many projects at once can also be a trigger for some people with the condition. Having ongoing conversations about these triggers is key.



“Being able to be authentic and speak openly about living with bipolar has vastly improved my sense of personal and professional success.

Hello, I'm Jo! I'm now 45 and finally feel like the threads of my mental health journey are drawing together.

I have experienced bipolar symptoms for as long as I can remember. Following an emotionally traumatic event when I was an undergraduate student aged 20, I was diagnosed with depression and prescribed anti-depressants. At 34, a GP in Australia diagnosed bipolar during a manic episode. I was prescribed antipsychotics which had a debilitating impact on my energy levels, brain power and body weight. Soon after, a psychiatrist changed the diagnosis to dyslexia, dyspraxia and ADHD.

When I was 39, bipolar was diagnosed again and I found that mood stabilisers work well to balance out my symptoms. I am currently investigating a revised diagnosis to see if I do also have ADHD.

Over the last 25 years, I have struggled to find and keep meaningful and rewarding work. I went through countless hospitality and temp jobs. I left either because I became unwell or burnt out, or because I was dismissed due to a lack of support and understanding from employers. Alongside all this pressure, confusion and alienation, I qualified as a solicitor. It took twice as long as 'normal' and I'm extremely proud of achieving this monumental goal.

In the last five years, I have specialised in business within the people and culture space which I balance alongside

my PhD exploring attitudes towards how workers with neurodiversities and mental health conditions use camouflaging in the workplace.

A working environment where all employees are better educated and aware of bipolar is critical. Practical measures and adjustments include a solid EDI policy, flexible working patterns, a good range of leave of absence options, private health care, a robust employee assistance programme, line management training, an active and committed EDI committee, quiet or less formal office spaces when needed, and cultural celebration events such as World Bipolar Day initiatives.

Outside the office I manage the more challenging aspects of bipolar symptoms with a combination of medication, psychological therapies and holistic treatments, such as yoga. I am also lucky to have private healthcare through work and a strong network of like-minded professionals and friends.

Becoming aware of [Bipolar UK's resources](#) such as the Mood Tracker app, online webinars and resources has given me a sense of validation, connection and a desire to help raise the vibration for other people's bipolar journeys.

# The Bipolar Commission's Recommendations



In conclusion, the Commission's gathering of evidence on how bipolar uniquely impacts people in the workplace has revealed a massive gap in understanding, a hidden culture of stigma and discrimination, and an urgent need for the implementation of meaningful reasonable adjustments.

Bipolar affects people from all different walks of life, and doesn't discriminate on grounds of age, sexuality, gender or race, ethnicity or occupation.

With an estimated 1 in 50 people living with bipolar, it's likely that many employers are already managing people with bipolar in the workplace whether they realise it or not. Some employees may tell some/all of their colleagues about their diagnosis. Some may keep their diagnosis private. Some may meet the diagnostic criteria for bipolar but not know it. Others may be supporting a loved one who's living with the condition.

Despite its 'protected characteristic' status under the Equality Act 2010 and the 'buzz' around EDI workplace policies in recent years, bipolar remains a widely misunderstood condition. If employers want to harness the wealth of creativity, intelligence and empathy that people with bipolar can bring into the workplace, committing to these recommendations would represent a significant step forward:

## Integrating a culture of compassion

Recognising individual differences and contributions across the workforce and having meaningful support systems in place allows all staff to develop their full potential. This doesn't only benefit individuals affected by bipolar and their families, but the wider teams, society and the economy in general

## Training staff to understand bipolar

The only way stigma and prejudice will be banished from the workplace is if employers feel comfortable enough to have ongoing, open and honest conversations with their staff about mental illness in general and bipolar specifically. HR and EDI teams – as well as the direct managers and colleagues of staff who live with bipolar - need to lead the way, taking the time to understand the nuances of the condition. [There are details about Bipolar UK's workplace training sessions here.](#)

## Implementing meaningful reasonable adjustments

The reasonable adjustments that help to make bipolar easier to manage in the workplace aren't typically expensive or difficult to implement. They are often no different to flexible working requests offered to protected groups, such as parents and carers. Personalising and regularly reviewing reasonable adjustments will help to ensure they remain relevant.

## Supporting employees to use support schemes

Our survey found that although everyone living with bipolar is eligible to apply for the government's 'Access to Work' scheme, only a third of respondents had heard of the scheme and fewer than 7% had applied for it. This limited awareness shows there is an opportunity for employers to support employees to get the support they're entitled to – both within the workplace and beyond.

## Signposting to bipolar-specific support

Bipolar is a lifelong condition that can create challenges both in the day to day and in the long term. Bipolar-specific resources on the [Bipolar UK](#) website that can help someone living with the condition to stay well include a questionnaire to check how likely it is someone has bipolar, psychoeducation courses, peer support services and a Mood Tracker app.

### The Bipolar Commission recommends:



- ✓ Integrating a culture of compassion into workplace policies
- ✓ Training workforces to understand bipolar
- ✓ Implementing meaningful reasonable adjustments
- ✓ Supporting employees to utilise support schemes
- ✓ Signposting employees to bipolar-specific support

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## Get in touch

If you would like to find out more about Bipolar UK, or to discuss ways in which we can work together, please get in touch.

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