

July 2, 2010



Introduction: Hello readers! Welcome to our newsletter.

Any feedback or contributions are most welcome.

Soapbox: During the course of undertaking our business, we meet many clients whose core business is not in the disability sector. When we mention the word 'disability' it is very common people to immediately think wheelchairs, ramps, toilets and car parking. Naturally, I raise awareness about the many other issues that are encountered by people with disabilities, other than mobility issues. It is with this in mind that I have picked the least considered topic and have included **10 tips** about what to do if you are dealing with a person who may have a mental health issue and have added more detailed information about bipolar disorder for your interest.

10 tips - If you are interacting with a person and you notice that the person:

1. Is disoriented and responding to events and perceptions that you do not share, this indicates that the person may have lost touch with reality.
2. Is becoming highly anxious and frightened to the extent that the belief of threat is governing their behaviour, this indicates paranoia.
3. Is displaying unusual or inappropriate behaviour or emotion.

Then:

4. Read the body language to assess the situation. Non verbal communication can be very helpful in times of confusion. Allow the person their space and initially avoid eye contact and touch.
5. Show understanding and compassion. Empathise with their feelings without necessarily agreeing with what is being said.
6. Ask how you can help. The person may ask you to sit with them; they may be carrying an emergency contact number that you could ring. Respect the person's situation and do not pressure your assistance on them.
7. Don't take things personally. Remember that the individual may not have the insight into their behaviour and its impact on other people.
8. Use short clear direct sentences to minimise confusion and keep your voice tone low and unhurried.
9. See the person not the illness and talk to the individual again. Symptoms of a serious episode are successfully managed with medication, support and understanding.
10. **And remember to be CALM!**

What is bipolar disorder? Your definitive cheat sheet. by John McManamy

Bipolar disorder, also known as manic depression, is a mood disorder characterized by extreme shifts in mood, from depressive lows to manic highs.

What are the different types of bipolar disorder?

The American Psychiatric Association's Diagnostic and Statistical Manual Fourth Edition (DSM) has divided bipolar disorder into two types, Bipolar 1 and Bipolar 2, both which are severe and debilitating.

What are the symptoms of bipolar 1?

Bipolar 1 requires only the presence of a single manic episode, though just about all people with bipolar 1 experience major depressive episodes, as well. The DSM describes an episode of mania as "a distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least one week" (or requiring hospitalization). In addition, the DSM requires at least four of the following seven symptoms (three if merely irritable): 1) Inflated self-esteem or grandiosity, 2) decreased need for sleep, 3) More talkative than usual, 4) Flight of ideas, racing thoughts 5) Distractibility, 6) Increase in goal-setting activity or psychomotor agitation 7) Excessive involvement in pleasurable activities (such as buying sprees, sexual indiscretions, or foolish business investments).

The DSM goes on to say that the symptoms must be severe enough to interfere with work or social relations or necessitate hospitalization to prevent harm to one's self or others.

Those manic highs must be a lot of fun.

Not really. People on manic highs are out of control, and people out of control quickly get into trouble. Ruined careers, personal bankruptcy, and wrecked relationships are par for the course, and hospitalization, incarceration, and homelessness are far too common. Moreover the intoxicating high of mania (euphoria) can turn on itself into a raging agitation (dysphoria) that creates a state of internal hell. Also, most people in a manic episode experience at least one psychotic symptom (such as delusional thoughts or hallucinations). Finally, there are "mixed" states where one is literally both manic and depressed.

What are the symptoms of bipolar 2?

The DSM mandates the presence or history of at least one major depressive episode. Because major depression is such a common feature of bipolar 2, it is a mistake to regard bipolar 2 as somehow milder than bipolar 1. The DSM also mandates the presence or history of at least one hypomanic episode. Hypomania can be described as "mild" mania, with the same symptoms, but where the symptoms are not severe enough to interfere with work or social functioning, though they are observable by others.

Those hypomanic highs must be fun.

Yes, definitely, but we are learning that many people who are hypomanic can be irritable, your classic road rage cases. Otherwise, one can define hypomania as "life of the party" behavior with "salesperson of the month" productivity. Unfortunately, because everything seems so "right" in a state of hypomania, people experiencing these episodes are unaware that there is anything wrong, and fail to seek help. Nothing lasts forever, however, and inevitably there is a crash into depression or an escalation into mania. People with bipolar 1 often experience hypomania as a prelude to mania.

Can you elaborate on nothing lasts forever.

Let me qualify my statement above. There are some people whose success seems attributable to a perpetual state of hypomania. Because they are successful they don't come to the attention of the psychiatric profession. Noted bipolar authority Kay Jamison PhD at a conference in 2002 described Teddy Roosevelt as "hypomanic on a mild day." And Bill Clinton, one could argue, is a walking hypomania poster boy.

What about "soft" bipolar?

Clinicians and patients are both waking up to the fact that many people with so-called unipolar depression may in fact be suffering from a "soft" form of bipolar. By loosening the diagnostic

criteria for bipolar - say by reducing the time minimum for hypomania from four days to two - the population of bipolars would jump from one or two percent to as high as five or six percent. Many of these people never fully experience the highs of bipolar, but their depressions cycle in a pattern similar to bipolar, or they may be experiencing mania and hypomania features within their depressions. Why this is important is that standard depression treatments may not work for these people. Whether you call them bipolar or not, they may need bipolar meds.

Where to go for help

- Your general practitioner.
- Your community health centre.
- Your community mental health centre.

For information on services, check the Community Help and Welfare Services and 24-hour emergency numbers in your local telephone directory.

For immediate counselling assistance, contact Lifeline on **13 11 14**. Lifeline can also supply you with contacts, further information and help.

More information is available at:

www.beyondblue.org.au

www.blackdoginstitute.org.au

www.ranzcp.org

www.sane.org

Social support service:

GROW is a community of persons working towards mental health through mutual help and a 12 Step Program of recovery. Small groups of people who have experienced depression, anxiety or other mental or emotional distress, meet together on a weekly basis to help each other deal with the challenges of life. Some people come to **GROW** while struggling with the loss of a job, a loved one or a relationship.

Contact details: call free number 1800 558 268 or 9528 **2977** Email: vic@grow.net.au.

Web: www.grow.net.au. Their office is located at 707 Glenhuntly Rd Caulfield South Vic 3162

Mental Health Hotline opens!

All Victorians now have access to a 24-hour Government Mental Health Advice Line. One in five Victorians are affected by mental illness each year and many more will feel its impact through family, friends and colleagues. The service is for people who can't put a name to their experience but know that something's not right and don't know where to get help and information.

For example, it could help a father who is concerned his daughter might have an eating disorder, or the daughter who doesn't know how to handle her dad's forgetful and erratic behavior.

People who have a mental health issue or concern for their family or friends can call the line for fast access to reliable information and referrals from trained mental health professionals.

The Mental Health Advice Line can be contacted on **1300 280 737** for the cost of a local call from anywhere in Victoria. Calls from mobile phones may be charged at a higher rate.

Mental Health Advice Line Website: www.health.vic.gov.au/mhal

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