Diagnosis of a potentially chronic, recurring illness, such as bipolar disorder (BD) can seem daunting. BD is an illness of mood; symptoms range from the lows of depression to the highs of mania sometimes veering into psychosis (a break from reality). It can be a confusing, scary ride (Jamison, 2006).

Some medications work extremely well for people with BD. Psychological treatments like cognitive behavioural therapy and social factors such as supportive family and friends help people to manage their illness (Miklowitz, 2007b).

The growing body of evidence for psychosocial treatment specific to BD (Miklowitz, 2007a) supports the individual and group interventions commonly used by occupational therapists. The emerging understanding of client self-management as a critical contributor to positive health outcomes is highly compatible with existing occupational therapy interventions. Client-centred enablement is a core competency for occupational therapists (Townsend & Polatajko, 2007) who recognize that clients are the experts in their own lives (Clark, 2000; Murray et al., 2010).

The following self-management strategies are drawn from interviews with 33 people living with BD participating in a research project at the University of British Columbia. Interviews focused on strategies each person found helpful in order to live full and productive lives. Self-management strategies are first presented in the voice of people living with BD and then discussed.

Sleep, diet and exercise

“I make sure I have a waking rest every day.”

“If my sleep is off then I know I need to watch myself.”

“Walking by the sea is the best thing I do.”

Participants identified that staying well begins with a strong foundation: eating a balanced diet, regular exercise, and healthy sleep. This link between sleep disturbance and mood relapses is well established (Murray & Harvey, 2010). Addressing sleep patterns is part of the consensus treatment guidelines for BD (Yatham et al., 2006). Participants identified that maintaining a healthy diet taking vitamin supplements, regular eating patterns and limiting the intake of sugar, food high in fat, and caffeine helped to build a strong foundation. Finding manageable exercise was aided by the questions “What suits me?” and “What can I do regularly?” Walking outdoors and enjoying nature were reported as inexpensive and easily adopted. Occupational therapists, with knowledge of daily occupations are in an excellent position to support these strategies.

Watching for signs and taking action

“You learn to watch for your warning signs.”

“With depression, my husband often notices it before I will.”

People identify sleep, mood and energy changes as common signs of impending illness often recognized when daily activities are affected. Learning the unique triggers for people living with BD and making the changes needed to address impending problems is crucial. Strategies reported include adjusting medications, getting more sleep, or seeking advice from a supportive friend or healthcare professional. As with all self-management, triggers and solutions are unique for each person. Occupational therapists can support the development of self-management strategies that may include the development of self-monitoring strategies to identify triggers and crisis action plans to respond to impending relapse. When clients agree, including family should be common practice.

Reflection

“I keep a journal and reading it later...I could see, oh, I was really out of whack.”

Some of the participants found that reflective, meditative practices were effective in learning self-management strategies. One participant described how reading her journal after a period of mania promoted self-awareness and understanding. Others reported that yoga, tai chi and Buddhist-type meditation, when used regularly, were beneficial practices. For others, drawing, painting or sculpting activities provided a way to focus attention, yet clear the mind. Introducing and/or reinforcing activities, or occupations as deliberate self-management strategies that encourage growth and wellness is supported theoretically in most occupational therapy literature.

Understanding the illness and educating others.

“...educating others really helps...because when you have an episode and you need a hand they are there for you.”

For effective self-management, people living with BD need to understand the unique feature of the illness and its’ impact...
on their daily lives. Reading self-help books, newsletters, and books like An Unquiet Mind, written by someone who lives with BD (Jamison, 1996), were all suggested by participants. The use of Internet sites to locate information, attending education groups offered at clinics, hospitals or mood disorders agencies were reported as important ways to gain an understanding of BD. Being able to then educate others promoted ways of accessing support. When people are involved in occupational therapy group treatment, mutual support can promote further understanding and support for therapeutic benefit (Cowls & Hale, 2005).

Staying connected to the world

“I have this group of people to draw support from...they give me power.”

Nearly all participants spoke of the importance of having friends, family and mental health professionals in their lives. Positive, relaxing people who can help “put things in perspective” gives a strong base of support when you live with a condition that can disrupt mood and emotions. The message “do not go it alone” echoed throughout the study. Having supportive relationships, including with mental health professionals, made it easier to deal with BD.

Keeping well but planning for “just in case”

“I work at being well.”

Staying well takes planning and regular use of self-management strategies. Even with strong supports and well-tested strategies periods of illness from BD may still occur so it makes sense to have a plan in place. Occupational therapists, through collaborative planning and decision making can assist people to develop action plans that include self-monitoring for the signs of depression or mania, names and contact information of people they believe could help if there is an emergency, and a planned recovery strategy including their own part in that process.

Can people stay well with BD? Yes, people can and do live well with this condition. As one participant said, “it is like a ship that is always righting itself”. Little changes to daily life can make all the difference and occupational therapists can provide the right tools at the right time to enable clients to keep their ship upright.

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References


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Living with bipolar disorder tip 1: Get involved in your treatment. Be a full and active participant in your own treatment. In order to stay well, it’s important to be closely attuned to the way you feel. By the time obvious symptoms of mania or depression appear, it is often too late to intercept the mood swing, so keep a close watch for subtle changes in your mood, sleeping patterns, energy level, and thoughts. If you catch the problem early and act swiftly, you may be able to prevent a minor mood change from turning into a full-blown episode of mania or depression. Bipolar disorder is not curable, but there are many treatments and strategies that a person can use to manage their symptoms. Without treatment, bipolar disorder may cause unusual mood episodes. People with the condition may alternate between high periods, called manic episodes, and low periods, or depressive episodes. With ongoing treatment and self-management, people with bipolar disorder can maintain a stable mood for extended periods. During intervals of recovery, they may have few or no symptoms. Self-care activities, including bathing, reading, listening to music, or journaling, may also help moderate mood shifts before they escalate. What to ask a doctor.