

## Intellectual disability and bipolar disorder

Bipolar disorder (formerly known as manic-depressive illness) affects about one per cent of the general community. People who have bipolar disorder experience major changes in mood for no obvious reason. These repeated mood swings range from one extreme to another and the person is often completely well between the episodes of mania and depression.

The time between these different episodes can vary greatly from person to person, but usually episodes last days or weeks. It is not unusual for people with this disorder to become psychotic during depressive or manic episodes.

### Recognising bipolar disorder

Changes in a person's emotional or behavioural state are classic signs/symptoms of bipolar disorder. There are a variety of symptoms that can occur in any number of combinations because bipolar disorder affects people in different ways.

Common symptoms for mania include:

- An elated, high, happy, excited, energetic or euphoric mood
- Having grandiose thoughts and plans which are an overestimation, especially in relation to the person's abilities
- Irritability which may include increased aggression or self injurious behaviour
- Needing less sleep than usual or going for long periods with very little sleep
- More talkative, rapid and insistent speech, talking loudly, seeking more attention, unable to attend to others speaking
- Rapid repetitive speech, jumping from one topic to another with little connection
- Inability to concentrate, skipping from activity to activity, highly distractible
- Lack of inhibitions, increase in sexual interests, intrusive, disregard for risks, spend money extravagantly
- High levels of activity and energy
- Lack of insight with the person being so convinced that their manic delusions are real that they do not realise they are unwell.

Most people with a bipolar disorder will also experience times of depression. Refer to our information on 'Intellectual disability and depression'.

### Bipolar disorder and intellectual disability

People with intellectual disability can suffer from bipolar disorder. Research shows that the incidence is higher than the general population.

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Like everyone with bipolar disorder, people with intellectual disability experience recurring episodes of depression and elation, both of which can vary from mild to severe. In between these episodes there are periods of normal mood. Additional signs that may present in a person with an intellectual disability can include:

- Sudden or gradual changes in usual behaviour
- Seeking reassurance
- Loss of skills
- Loss of bowel or bladder control
- Loss of ability to communicate
- Physical illness.

It is important to remember that many of the symptoms associated with a manic episode are often typical features of intellectual disability, for example, poor judgement, distractibility, excessive activity, aggression and so forth.

The key to determining whether a person is having a manic episode is to compare their current functioning with previous functioning.

## What causes bipolar disorder?

The causes of this disorder are not fully understood, are different for each person and often there is a combination of factors. However, the following are thought to be involved:

- Increased stress (for example, the departure of a favourite carer, changes in housing or work) and inadequate coping abilities can play a part in triggering the symptoms, but not always
- Genetic susceptibility: children of parents with bipolar mood disorder are at greater risk of developing the condition
- An imbalance of chemicals in the brain.

## Getting help

The first step is awareness and the time to get professional help is when the behaviour changes. Speak to the person's GP, service coordinator, a mental health professional, psychiatrist, psychologist or counsellor.

For people with intellectual disability it may initially be useful to have a familiar person go to an appointment with them as family or carers will be able to provide some support and describe the changes they have noticed.

Data collection is a great help in the assessment, treatment and prevention of further episodes. This sets in place an objective behaviour observation system that can highlight patterns of behaviour changes over time.

Some treatment options involve a combination of support, psychological approaches and medication.

- **Cognitive behaviour therapy:** The person is helped to recognise patterns of thinking (cognition) and acting (behaviour) that are making them more likely to have problems or are keeping them from improving once they become unwell. Once these patterns are recognised, the person can make changes to replace these patterns with new ones that reduce symptoms and improve coping.

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- **Counselling:** Assists people to explore problems and resolve difficulties such as conflict and to deal with grief or relationship issues. Counselling may involve the use of charts, pictures, photos, drawings and diaries to help describe feelings and worries and to try out alternative solutions.
  - **Mood stabilising, anti-psychotic and anti-depressant medication:** Where possible, medication should be used in conjunction with other interventions.
  - **Changing lifestyle and environmental factors** to reduce stress and ensure a stable, secure and safe environment.
  - **Psycho-education:** Educating the person, family and support staff about bipolar disorder, its effects and how best to manage it.

## Other Helpful Resources

### Disability Services—Centre for Disability Health

Telephone: 8397 8100

### SA Health Mental Health Triage Service

Call: 13 14 65 (statewide) 24 hours, seven days a week. This service provides advice in emergencies and is the main point of access into mental health services.

### The Early Psychosis Prevention and Intervention Centre (EPPIC)

Information for services working with people who may be experiencing an emerging psychotic disorder.

<http://www.eppic.org.au/psychosis>

### SANE Australia

SANE conducts programs, educational campaigns and research to improve the lives of people living with mental illness, their family and friends. SANE also operates a helpline and website. Online helpline and information available at:

[www.sane.org](http://www.sane.org) or freecall 1800 18 7263\*

### Intellectual Disability Mental Health First Aid Manual

By Kitchener BA, Jorm AF, Kelly CM, Pappas, R, Frize, M. 2nd ed. Melbourne: Orygen Youth Health Research Centre; 2010 [online] Accessed 28/06/2011

This is a supplement to the 2nd Edition Standard Mental Health First Aid Manual. It is a resource for people supporting adults with intellectual disability who are experiencing an emerging mental health problem or mental health crisis.

[www.mhfa.com.au/cms/wp-content/uploads/2011/02/2nd\\_edition\\_id\\_manual\\_dec10.pdf](http://www.mhfa.com.au/cms/wp-content/uploads/2011/02/2nd_edition_id_manual_dec10.pdf)

### Mental health assessments for people with Intellectual Disability

PAS-ADD (Psychiatric Assessment Schedules for Adults with Developmental Disabilities) is the general name for a set of mental health assessments originally developed for people with intellectual disability.

On this UK website you will find information on the PAS-ADD suite of mental health assessments published by Pavilion Publishing (Brighton) Ltd ([www.pavpub.com](http://www.pavpub.com)).

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The suite includes the PAS-ADD Checklist, Mini Pas-ADD, ChA-PAS and the newly published PAS-ADD Clinical Interview.

<http://79.170.44.140/pasadd.co.uk/>

### **Lifeline 24-Hour Counselling**

Lifeline has trained volunteer counsellors available 24 hours a day for the cost of a local call (free from mobile phones).

[www.lifeline.org.au](http://www.lifeline.org.au) or call 13 11 14

### **Kids Help Line**

Kids Help Line is a free, confidential and anonymous counselling service specifically for young people aged between 5 and 25.

[www.kidshelp.com.au](http://www.kidshelp.com.au) or freecall: 1800 55 1800\*

*\*charges apply for calls made from mobile phones.*

