

Dealing with a bipolar crisis

1. How to help in a bipolar crisis
2. Troubleshooting crises
3. Ways to reduce your own stress

A bipolar crisis occurs when the person is so unwell that they or others are at risk.

For example when:

- The person experiences a severe bipolar episode that affects their functioning so much that they cannot look after themselves or others.

OR

- The person is suicidal.

OR

- The person or others are at high risk of extreme negative consequences due to risky behavior brought on by the person's manic or mixed episode (e.g. excessive spending, reckless driving or more rarely, physical aggression).



I see you falling - Sarah K Reece

1. How to help in a bipolar crisis

Put safety first and get help

- If you think things may be reaching a crisis point, call the person's clinician if the person does not call them.
- In a bipolar crisis call the clinician, mental health crisis team, or an ambulance, or take the person to a hospital emergency department.
- If the person urgently needs to be restrained to stop them from harming themselves or others, you might need to call the police.
- Consider contacting a crisis helpline. Counselors are usually trained to listen and assist people to deal with crises and they may offer referral to appropriate services.
- If the person is aggressive, consider your safety and that of others before getting help for the person (e.g. first lock the door or leave the house).

Communicate clearly and calmly

Don't give the person lots of instructions or hurry them. Don't argue, criticize or behave in a way that might seem threatening.

Do what you can to ensure the person does not have easy access to items they could use to harm themselves or carry out risky behavior

- For example, if the person is suicidal, lock away medicines and remove weapons or other items they could use to kill themselves. Don't leave a person who is very suicidal alone. If you cannot be with them, arrange for someone else to keep them company.
- Put in place previous agreements made with the person about what to do to prevent excessive spending (e.g. temporarily look after credit cards if the person is manic).
- If possible, remove alcohol or other drugs that could make the person more likely to act impulsively.
- If the person has previously become aggressive, be alert to warning signs that they may become aggressive again, remove yourself from the dangerous situation and try to remove objects that could be used as weapons.

2. Troubleshooting crises

Gather information

Find out about realistic local service options to assist the person, yourself and the family in a crisis (e.g. mental health crisis team, ambulance, community supports and helplines).

What if you can't get the help you expect?

If the person's clinician or emergency services are not available or responsive in a crisis, be persistent and contact another clinician (e.g. the GP), or take the person to a different hospital emergency department. If you care for a seriously ill person at home, make sure you have the necessary support (e.g. from health professionals, appropriate family and friends and if necessary, sources of financial aid).

What if the person refuses treatment?

People who are experiencing a bipolar crisis sometimes do not recognize that they have severe symptoms or they may not see the need for treatment. If the person in a bipolar crisis refuses treatment:

- Gently let the person know that you think they need treatment
- Offer to assist them to access treatment
- If the person still refuses treatment, act in their interests and access help for them.



Developing an advance directive or plan to access treatment

Consider developing an advance directive or plan with the person when they are relatively well about steps you can take to help them get treatment in a crisis. It is also a good idea for the person to discuss this plan with their **clinician** or **mental health team**.

An advance directive can include:

- Symptoms that indicate the person is in crisis and needs help
- Contact details of who you or others can call (e.g. clinician, ambulance)
- Treatments they prefer
- Hospitals or treatment centers that might be able to admit the person and that they prefer
- Power of Attorney Agreements whereby the person gives you or others the legal authority to make certain urgent decisions on their behalf in specific circumstances (e.g. treatment or financial decisions).

What else may be helpful to include in your plan to manage a bipolar crisis?

When the person is relatively well consider discussing:

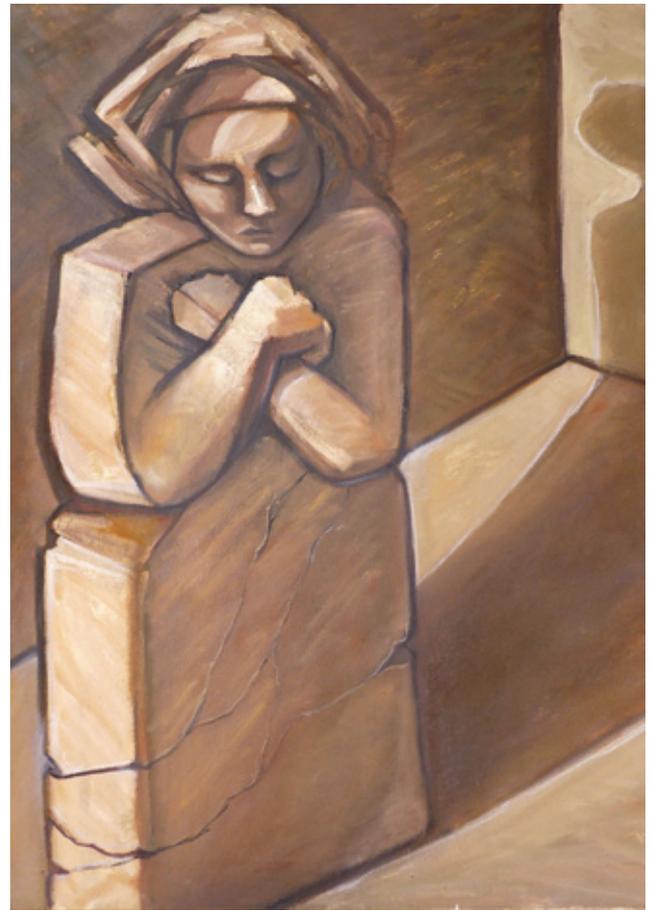
- Who in the **person's social network** can provide support and what they can do (including yourself, other family members or friends and community organizations).
- Ways to reduce the **means to carry out risky or life threatening behavior** (e.g. financial arrangements to prevent overspending when hypomanic or manic or temporarily keeping car keys to prevent reckless driving).
- **What information to share** with health professionals or hospital admissions staff (e.g. about the person's medical history, health fund or social security).
- If the person has previously refused treatment when very ill, discuss under what conditions to consider **involuntary hospitalization**. If possible, confirm with the person that actions that you have both agreed upon about obtaining involuntary hospital admission are acceptable to them and will not damage your long-term relationship.

**In a crisis don't be afraid
to ask for assistance to prevent
negative consequences.**

3. Ways to reduce your own stress

Family, partners and friends can feel very stressed during and after a bipolar crisis. To reduce stress:

- Talk to someone you trust or contact a helpline.
- Don't be afraid to ask for assistance or support. Keep a list of helpful contact numbers (e.g. the person's clinician, mental health team, emergency services, helplines and family or friends).
- Have a plan about what to do in a bipolar crisis, even if the person does not make plans with you.
- If possible, share caregiving or other tasks.
- Reassure yourself that the crisis will pass.
- Schedule a bit of time to relax and unwind after the crisis, even if you are very busy.
- Try to restore your routine as soon as possible.
- If some time after the crisis you can't stop thinking about what happened, you feel distressed and unable to focus on everyday tasks, consider getting professional counseling.
- If the person kills themselves, keep in mind that there is only a limited amount anyone can do to prevent a suicidal person from killing themselves, and don't blame yourself. Don't deal with this alone. Find out about local and international resources to support those bereaved by suicide.



From stone - Elena Jomantas

PLEASE NOTE: For more information on helping to prevent suicide, dealing with risky manic behavior or aggression and contacting crisis helplines and supportive organizations see bipolarcaregivers.org.



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