

Assessment 1

Supporting Paper

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1.0 Introduction

This report provides an overview and evaluation of mental health disorders. The historical and contemporary support, treatment, and provisions available to people with mental health issues are also provided in this report. For the purpose of this study, the report is centered on bipolar affective disorder, includes definition, classification as stated in the WHO ICD-10 manual, historical overview, symptoms, causes, diagnosis as well as the treatment of bipolar disorder will be discussed. The report concludes by summarizing the findings and outlines NICE guidelines for working with people with the disorder.

Mental health is critical at every stage of life, from childhood through to adulthood. Nonetheless, the World Health Organisation-WHO report on mental disorder in 2022 revealed that 1 in every 8 people around the globe suffers from mental disorder. WHO defines mental health disorder as a clinically notable disturbance in an individual's cognition which affects their ability to regulate their emotions and how they function (WHO, 2022). To put it simple Stein, Palk, and Kendler (2021) defines mental disorder as conditions that affect a person's thinking, mood, feelings, and the way they act that can affect the ability to function and relate to others. According to Mind UK (2022), one (1) in every four (4) people in England will experience some form of mental health disorder each year, with some common mental health disorders including: general anxiety disorders, mood disorders such as depression and bipolar disorder, personality disorders, psychotic disorders, obsessive-compulsive disorders, eating disorders, and impulse control and addiction disorders. A recent report by Baker and House of Common Library (2021), women are more likely to experience mental health disorders than men, and one in every six (6) people aged 16 and above has experienced symptoms of some common mental health disorder such as depression or anxiety in their lives, with approximately 2% of the interview respondents having experienced bipolar disorder.

2.0 Brief overview of the history and general treatment of mental health disorder

In the past, mental health disorders were associated with demons and spiritual possession hence, a procedure known as trephining, where a crude stone was used to create a hole in the skull was used in treating mental disorder (Foershner, 2015). It was believed that the evil spirit possessing the person would be released through the hole and the individual would be cured (Foershner 2015). Also during the Renaissance era in England and its neighboring European countries, people suffering from mental health disorders were distinguished from criminals, and the less dangerous ones were allowed to roam the countryside and rural communities, while

those deemed harmful were imprisoned, chained, and sometimes starved to death (Hernandez et al., 2015).

Provisions of mental health service has also transformed over the years, for instance before the establishment of the National Health Service (NHS) in the UK, mental health services were governed by the 1890 Lunacy Act, which stipulated the terms and certification and how compulsory detention could be carried out. Then, in 1930, mental health treatment was established, which allowed people with mental disorders to get appropriate treatment in hospitals. Fast forward to 1948, mental hospitals were incorporated into the NHS to provide better and modest treatment for mental patients (Turner et al., 2015). Turner et al., (2015) further explain that effective and human treatment of mental disorders started with the introduction of pharmacology through the use of, antipsychotic medications like lithium, tranquilizers and Prozac. This modern-day treatment of mental disorders has transformed to be more effective than in the past (Farreras, 2019). With this brief overview of the history and treatment of general mental disorders, the report narrows down to bipolar affective disorder as a chosen mental disorder from the ICD-10.

2.0 Bipolar disorder the chosen mental health disorder from ICD-10

According to Angst and Sellaro (2000), the father of medicine, Hippocrates was the first to mention bipolar in medical literature. Bipolar affective disorder as explained in the ICD-10 (F31) is a type of mood disorder (F30-F39) which is characterized by two or more manic episodes which significantly affect an individual's mood, this disturbance in mood occurs when there is an elevation in mood and an increase in energy, which is known as hypomania or mania, or where there is a decrease in energy or activity-depression (WHO, 2010). Whiteford et al. (2015), postulate that bipolar disorder is among the top 10 causes of disability and morbidity in developed Countries. The NHS, (2022) also reveals bipolar as one of the fairly common mental disorders in the UK and that 1 in every 100 people aged between 15 and 19, and in a rare case, above 40, experience bipolar at a point in their life. However, a survey conducted by the House of Commons Library in 2021 revealed that about 1.3 million people are living with bipolar disorder and that one (1) in every fifty (50) people experiences symptoms of bipolar disorder at some point in their life. This gives an indication that the NHS may be under reporting the disorder. It is also reported that bipolar disorder increased the risk of suicide by 20 times, during COVID-19 (Bipolar UK, 2022). Covid-19 had a severe impact on mental health in general and people having bipolar disorder were five (5) more times hospitalized for suicide attempts as a

result of dips in mood and high levels of relapses due to the fear and anxiety of Covid-19 (Bipolar UK, 2022).

According to Stein, Palk, and Kedler (2021), there are two main types of bipolar disorder: bipolar I disorder, which is associated with extremely high mania and can last for more than a week; and bipolar II disorder, which is associated with periods of depression with intermittent hypomania and can be caused by various factors. Jain and Mitra (2021) revealed some of the factors that cause bipolar disorder to include psychological factors and biological factors—that is bipolar can be linked to genetics, however, the NHS (2022) reports that the exact causes of bipolar disorders are unknown, although, bipolar disorder is widely believed to be the result of genetics and some chemical imbalances in the brain. There is some evidence that if there is an imbalance in one or more of the neurotransmitters that are the chemicals responsible for controlling the functions of the brain, a person may develop symptoms of bipolar disorder (Stein, Palk, and Kedler, 2021).

Begum (2021), reveal some of these symptoms to include excessive cheerfulness, hopefulness, and enthusiasm, poor focus, drug and alcohol abuse, a sudden shift from joy to irritability, unusual sex derive, and impulsiveness. These symptoms are usually associated with mania episodes—‘the highs’ while symptoms like sadness, less sex derivation, low energy, insomnia, forgetfulness, delusion and hallucination, suicide thoughts are also associated with depressive episodes of bipolar disorder—‘the low’, (Begum 2021). Some of these symptoms according to the NHS (2022) are triggered by overwhelming and stressful circumstances in everyday life, including problems with relationships, work, or money, or physical, sexual, and/or emotional abuse, death of a family member, or physical illness. However, Jain and Mintra (2021) argue that these symptoms alone are not enough to determine that a person has bipolar disorder. Nonetheless, Begum (2021) is of the view that most health professionals and several medical researchers have outlined most of these symptoms as symptoms of bipolar disorder, reiterating that, bipolar disorder can only be diagnosed by health professionals. Mind (2021) caution that care must be taken when diagnosing bipolar disorder as it can be tricky and that bipolar disorder is often mistaken for just depression. Therefore, Jain and Mitra (2021) postulate that for a proper and accurate diagnosis of bipolar disorder, a professional doctor or psychiatrist needs to perform a physical exam, ask about symptoms, and recommend blood testing to confirm the diagnosis, if the doctor does not find an underlying cause of symptoms, they can perform a psychological assessment to determine the underlying cause and decide on the most suitable treatment.

In treating bipolar disorder Saul (1966), revealed that hydrotherapy and insulin shocks were used in the 1930s to treat mental disorders, including bipolar disorders. MacDonald (1981) argued that this treatment was cruel and inhuman; The treatment of bipolar disorder has changed with advances in medical care (Jutras, 2017). In the first quarter of the 20th century, medical professionals tried treating patients with bipolar disorder with various kinds of sedatives such as barbiturates. The negative effects of barbiturates were not farfetched as it was difficult to prescribe the correct dose and a slight overdose could lead to coma or death (Nelson, 2020). Then, in the 1950s and 1960s, lithium gained recognition and was approved by the Food and Drugs Board (FDA) in the UK for the treatment of bipolar disorder in the 1970s (Foerschhner, 2010). According to Geddes and Miklowitz (2013), lithium is effective for treating mania and its efficacy for treating depression is well documented. However, Lopez-Munoz et al. (2018) postulate that there were a lot of drawbacks to the use of lithium as some adverse side effects such as hand tremors, poisoning, and even renal toxicity were identified.

Also, Foerschhner (2010) argues that lithium is only able to control symptoms but not cure bipolar disorder. Nonetheless, Farreras (2019) counter argues that although antipsychotic drugs like lithium do not cure bipolar disorder, they have the strongest evidence for long-term relapse prevention of bipolar disorder. Evidence of this was revealed by Lopez-Munoz et al. (2018), in an uncontrolled study of 88 bipolar patients who were given lithium therapy, the average period of relapses was around 5 years, as compared to 8 months' relapses before treatment with lithium therapy. Lopez-Munoz et al. (2018) further reveal that after 25 of these patients abandon this treatment, 22 of them relapse in about a year. Currently, lithium is the main medicine prescribed for the treatment of bipolar in the UK as it has a long-term positive effect on the treatment of episodes of mania and depression and it is usually prescribed for a minimal period of six months (NHS, 2022).

In the UK, there is a generic care for bipolar patients as one form of severe mental health using the generic mental health pathways outlined by the NHS (NICE, 2014). However, a recent survey conducted by Simons (et al., (2021) reveals that about 25% of people with bipolar disorder do not seek help from health services, and those who do seek health services encounter difficulties in accessing services that meet their needs. Nonetheless, Simon et al., (2021) reveal that the NHS spends about £165million annually on managing bipolar and more than £12,500 on an individual with bipolar disorder.

3.0 Conclusion

The study reveals that mental health treatment has transformed from cruel and inhuman to be more modest thanks to advance in medicine. Finding from the chosen mental disorder-bipolar disorder reveal that bipolar disorder is among the leading causes of disability and morbidity in developed Countries including UK affecting people of all ages and that the NHS spends more health resources on people with bipolar disorder than those with other chronic mental illness (Simon et al., 2021). Therefore promoting mental health will impact on overall life expectancy and hence it is important to incorporate psychological aspects of care within all care path ways for this to be achieved and for the best practices NICE outlines the following principles when working with people with bipolar

- In delivering care NICE recommends that care providers build supportive and empathic relationships towards patient and ensure that they encourage patients with recovery messages (NICE, 2014).
- Consider offering the patient with education, employment opportunities and financial problems which the patients may be facing as a result of the disorder as some of these problems may trigger another episodes
- Offer person centered care based on the patients' needs and involve their families and carers in their care plans.
- Discuss and share information on the underlying causes and care plans of the bipolar patients with their GPs, families and carers but it is important to first discuss with the patient and build consensus on how and with whom information will be shared.

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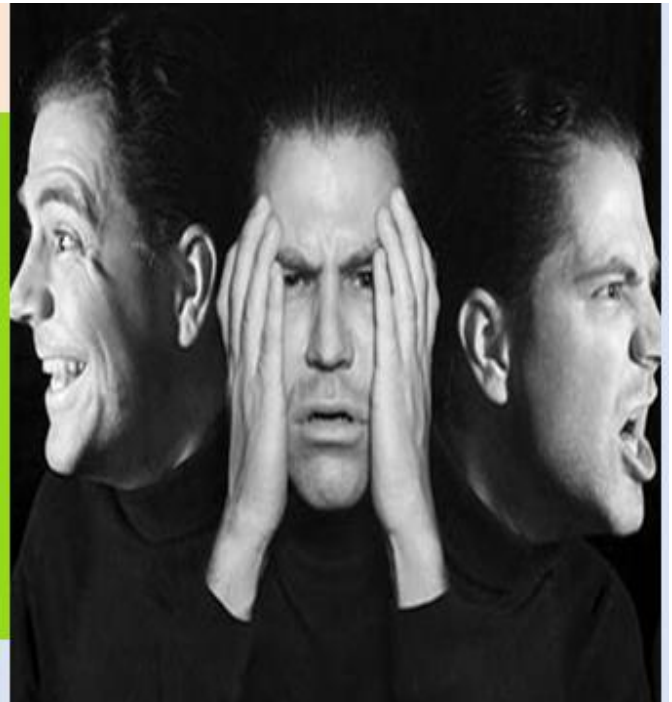
BIPOLAR AFFECTIVE DISORDER



DESCRIPTION OF BIPOLAR AFFECTIVE DISORDER WITHIN ICD-10

- Mode [affective] disorders (F30-F39)
- F31 Bipolar affective disorder
- According to WHO this is a disorder characterised by two or more episodes where a patient's mood is significantly disturbed, these disturbances usually happen in occasions where there is an elevation of mood or an increased energy and activity

Source: <https://icd.who.int/browse10/2010/en#/F70-F79>
(WHO, 2010)



WHAT DO WE MEAN BY BIPOLAR AFFECTIVE DISORDER?

Bipolar affective disorder also known as manic-depressive illness, is a medical condition that causes a person to experience extreme mood swings that alternate between depression and mania. These mood swings can last for hours days or even weeks (NHS, 2022)

SOURCE: <https://www.nhs.uk/mentalhealth/conditions/bipolar-disorder/overview/>



WHO IS AFFECTED BY BIPOLAR AFFECTIVE DISORDER?

- ❖ Bipolar is one of UK's common long term conditions with about 1.3million people leaving with bipolar in the UK that is 1 in every fifty (50) people (House of Commons Library, 2014)
- ❖ Bipolar affect men and women and people with all races and socioeconomic classes (House of Commons Library, 2014)
- ❖ Bipolar II disorder affect more women than men and bipolar increases an individual's risk of suicide by up to 20times (House of Commons Library, 2014)

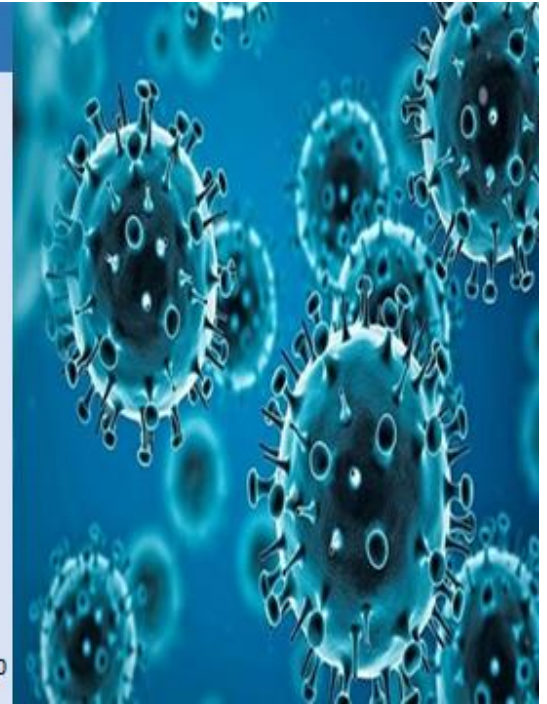
Source: [https://commonslibrary.parliament.uk/research-briefings/sn06988/\(2014\)](https://commonslibrary.parliament.uk/research-briefings/sn06988/(2014))



EFFECTIVE OF COVID 19 ON PEOPLE LEAVING WITH BIPOLAR?

In 2020 COVID 19 had a severe impact on mental health in general and more than five(5) times as many people affected by bipolar have hospitalized for suicide attempts as a result of dips in mood and high level of relapses due to fear and anxiety of COVID 19 ([Bipolar Uk, 2020](#))

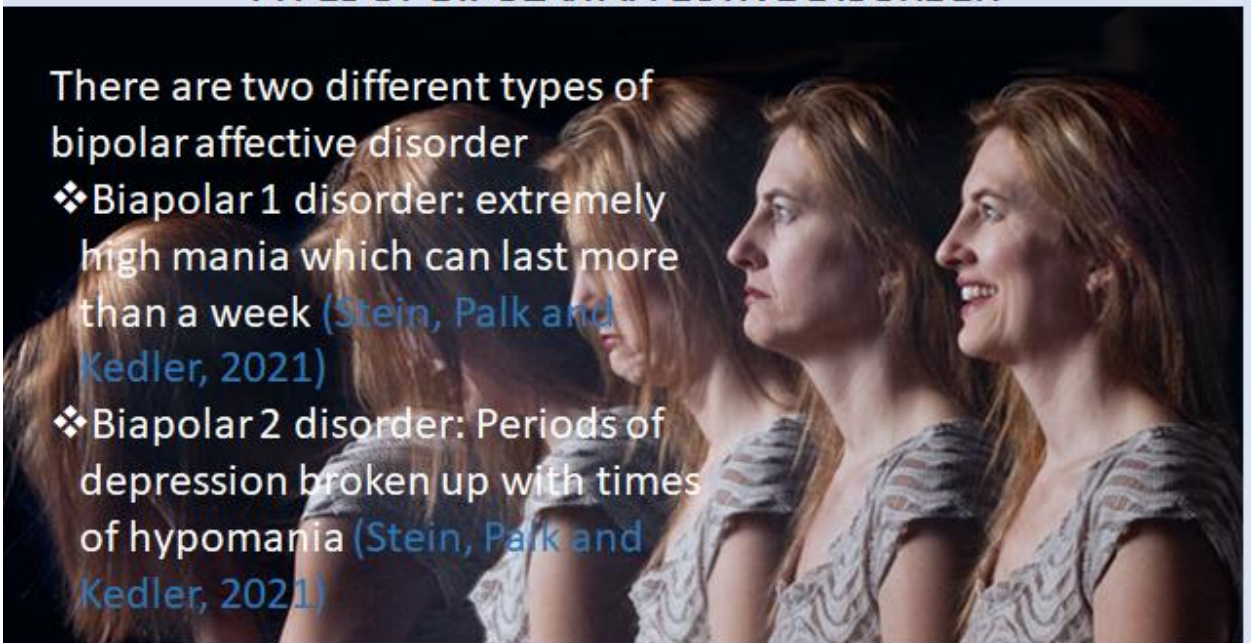
Source: Bipolar UK Covid-19 Report – Executive Summary – December 2020



TYPES OF BIPOLAR AFFECTIVE DISORDER

There are two different types of bipolar affective disorder

- ❖ Bipolar 1 disorder: extremely high mania which can last more than a week ([Stein, Palk and Kedler, 2021](#))
- ❖ Bipolar 2 disorder: Periods of depression broken up with times of hypomania ([Stein, Palk and Kedler, 2021](#))



Bipolar affective disorder can be caused by various factors which include biological factors and psychosocial factors

❖ Biological factors

- ✓ Genetic factors that is when a parent has a mood disorder
- ✓ Hormone regulation imbalance

❖ Psychosocial Factors

- ✓ A significant life stress
- ✓ Those with history of obsessive-compulsive disorder or borderline personality traits are more prone to this disorder

(Jain and Mitra, 2021)

Source: <https://www.ncbi.nlm.nih.gov/books/NBK558998/>

SYMPTOMS/SIGNS OF BIPOLAR AFFECTIVE DISORDER

Symptoms of Mania periods (the highs)

- ❖ Excessive cheerfulness, hopefulness, and enthusiasm
- ❖ Sudden shifts from joyous to irritated, furious, and hostile
- ❖ Restlessness
- ❖ Rapid speech and poor focus
- ❖ Increased energy and less need for sleep
- ❖ Unusually strong sex drive
- ❖ Making large and unrealistic plans
- ❖ Displaying bad judgment
- ❖ Drug and alcohol misuse
- ❖ Becoming more impulsive

(NHS 2022)

Symptoms of depressive periods (the lows)

- ❖ Sadness
- ❖ Energy depletion
- ❖ Hopelessness or feelings of worthlessness
- ❖ They used to like things but are no longer interested in them.
- ❖ Difficulty in concentrating
- ❖ Forgetfulness
- ❖ Slowly speaking
- ❖ Less sexual drive
- ❖ Inability to experience pleasure
- ❖ Crying uncontrollably
- ❖ Having difficulty making judgments
- ❖ Irritability
- ❖ Insomnia
- ❖ Changes in appetite that cause weight loss or weight gain
- ❖ Suicide or death thoughts
- ❖ Suicide attempt

(NHS 2022)

DIAGNOSIS

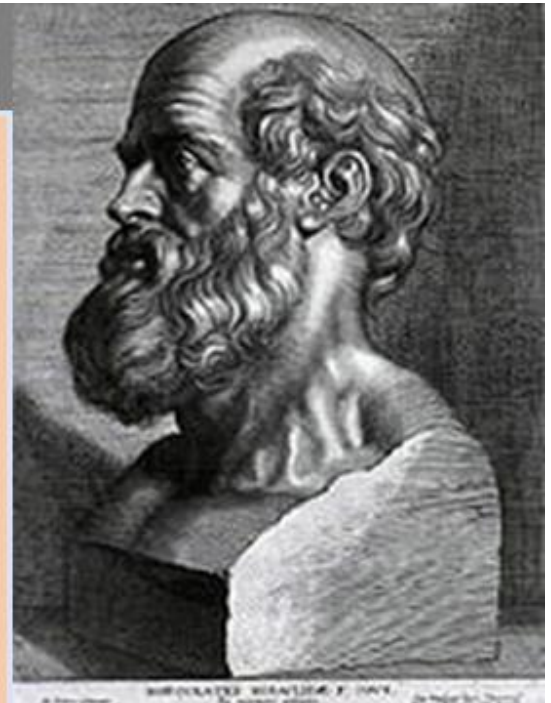
To diagnose bipolar affective disorder;

- ❖ A doctor performs a physical exams, asks about symptoms and recommends a blood testing to determine if another condition such hypothyroidisms is causing the symptoms
- ❖ If the doctor does not find an underlying cause of symptoms he/she then performs psychological evaluation

(Jain and Mitra, 2021)

HISTORICAL VIEW AND TREATMENTS OF BIPOLAR AFFECTIVE DISORDER

- ❖ A Greece ancient physician who was often referred to as “the father of medicine was the first to mention bipolar in medical literature as far back as Hippocrates (460-370 BC)
- ❖ He was the first to document two extreme moods that is feeling too extremely low (what we now call depression) and feeling extremely energized (mania) (Angst and Sellaro, 2000)
- ❖ Until the clinical introduction of lithium salts, sedative were the main pharmacological treatment of bipolar disorder (Lupez-Munoz 2018)



CURRENT TREATMENTS

The following treatment options are available according to the NHS (2022):

- ❖ Medicine to prevent episodes of mania and depression; these are known as mood stabilizers which is taken on daily bases
- ❖ Psychological treatment such as talking therapy which can help deal with depression and also provide advice on how to improve personal relationship
- ❖ Learning to recognize the triggers and signs of an episodes of depression or mania in order to control it
- ❖ Experience has shown that using a combination of different method of treatment is the most effective way to treat bipolar affective disorder

SOURCE: <https://www.nhs.uk/mental-health/conditions/bipolar-disorder/overview/>



PROFESSIONAL PRINCIPLES WHEN WORKING WITH PEOPLE WITH BIPOLAR DISORDER

- Provide sensitive patient centred care with the patient
 - Be compassionate, respectful and empathetic to their feelings
 - Establish good communication and good relationship with the patient
 - Involve families and friends in their care
 - be aware of stigma and discrimination
 - ensure confidentiality, privacy and dignity
 - Respect policy and legislation, such as Human Rights Act/Equality Act 2010/Mental Health Act.
- (NICE, 2020)

CONCLUSION

- Mental health disorders can affect anybody at any stage in life and there are a number of mental health issues affecting people in all over the world including UK with Bipolar among one of the prevalence mental health issues (NHS, 2022)
- Therefore promoting mental health will impact on overall life expectancy and general well being, hence it is important to incorporate psychological aspects of care within all care path ways and also:
- Guide individuals with existing mental health disorder and support them to access mental health services to promote their well avoiding discrimination at all cost (NICE 2020)

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