

Let's talk bipolar

Part of the Applied Mental Health Science Series

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What is bipolar?

Bipolar disorders are a group of mood disorders, involving alternating periods of mania and depression. This group of mental health conditions, often involving debilitating, severe symptoms, includes the following subtypes: bipolar I disorder, bipolar II disorder and cyclothymic disorder.

Mania

Mania is defined as a period of clearly abnormal and persistent, elevated, expansive, or irritable mood, and increased goal-focussed activity or energy lasting at least one week (or requiring inpatient care). These symptoms are present most of the day, nearly every day.

Depression

Depression, more formally defined as major depressive disorder (MDD), is a period of at least two weeks experiencing a range of symptoms that must include depressed mood or loss of interest, causing significant functional impact, unrelated to other medical reasons or bereavement. Symptoms include a sense of sadness, lack of pleasure, weight or appetite changes, sleep problems, psychomotor agitation or retardation, fatigue, feelings of worthlessness, concentration difficulties, and suicidal ideation.

What are the common types of bipolar?

There are a number of types of bipolar disorders including:

- **Bipolar I disorder***: there is fluctuation between episodes of mania or hypomania and major depressive episodes, or a combination of these
- **Bipolar 2 disorder***: the person's difficulties fluctuate between major depressive and hypomanic episodes
- **Cyclothymic disorder or cyclothymia**: the individual presents with hypomanic symptoms and depressive symptoms that are milder in nature and do not meet criteria for full hypomania
- **Unspecific bipolar disorders**: the individual experiences clinically significant bipolar-type symptoms, such as depression and hypomania, which do not meet criteria for a full diagnosis

***Rapid cycling bipolar disorder is a specifier of Bipolar I and Bipolar II disorder and not a separate diagnosis. People with rapid cycling bipolar disorder experience more frequent mood shifts: at least four (or more) distinct mood episodes (manic, hypomanic, or depressive) within a 12-month period, which can make management of the condition more difficult, requiring careful planning and administration of mood stabilisers and/or other medications, and psychological therapy.**

Signs and symptoms

Individuals with a diagnosis of bipolar disorder can experience extreme mood swings, fluctuating cyclically between episodes of very high energy or hypomania, and low mood.

Common symptoms of bipolar include:

High mood states:

- Impulsivity and high-risk behaviour, including financially
- Aggressiveness or irritability
- Sleep problems (for example decreased need for sleep)
- Decreased appetite or forgetting to eat
- Elated, euphoric mood
- Racing thoughts, speaking fast, being easily distracted
- Higher sex drive than usual
- Feeling overly confident
- Unusual or disinhibited behaviour
- Hallucinations, delusions or paranoia

Low mood states:

- Lack of energy, pleasure and motivation
- Struggling to concentrate or focus
- Strong feelings of sadness, loss, worthlessness or hopelessness
- Sleep problems (for example sleepiness)
- Poor appetite or overeating
- Avoiding or engaging less in pleasurable, social or routine activities
- Lack of confidence
- Suicidal ideation

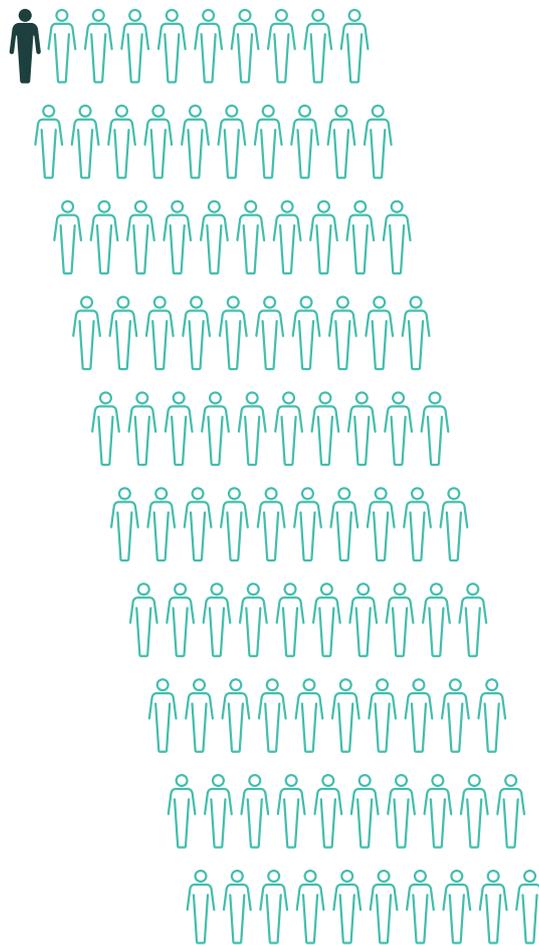
If you are experiencing any of these symptoms, consider reaching out to a qualified medical professional, for example a GP, for help and support.

Who is affected by bipolar affective disorder?

The incidence of bipolar affective disorder is estimated to be between 1 in 100 and 2.4 in 100, but it is higher if it includes cyclothymic disorders. Of these, 25 to 50% will make at least one suicide attempt, and 8 to 19% will die by suicide.

Typically, people receive their diagnosis between the ages of 15 and 24. There are more than one million people with a diagnosis of bipolar disorder in the UK. Bipolar disorders affect men and women almost equally, although bipolar disorder II is slightly more common in women. However, some studies show that women tend to be diagnosed later, mainly due to misdiagnosis.

The quality of early and current relationships tends to have an impact on the progression of these disorders. Early trauma in life is linked with increased severity and poorer functioning, compared to patients who have not experienced trauma early in life.



Did you know?

We have other guides in our series on Anxiety, OCD, PTSD and Perinatal Anxiety and Depression

Comorbidities

It is not uncommon for people with bipolar disorders to experience relational difficulties within family or at work, or socially more generally. People with a diagnosis of bipolar disorder are also at higher physical health risks. For example, they are twice as likely to experience cardiovascular issues than the general population, and life expectancy in people with bipolar disorder is reported to be 11 to 20 years shorter than the general population.

Substance misuse difficulties are often correlated with bipolar disorder, with studies showing that people experiencing substance misuse problems have a three times higher risk of developing bipolar disorder. Research has also found that 48% and 44% of individuals with a diagnosis of bipolar disorder will experience alcohol and substance misuse problems at some point in their lives, respectively.

Given these comorbidities, bipolar disorder can be difficult to identify or may be misdiagnosed as other mental health problems, such as borderline personality disorder, depression, attention deficit hyperactivity disorder, or even schizophrenia.

Borderline disorders in women tend to present with higher rates of rapid cycling, depressive polarity (more depressive episodes than manic or hypomanic), and suicidality.

How is bipolar affective disorder diagnosed and treated?

Bipolar can be assessed and diagnosed by a mental health professional (such as a clinical psychologist or psychiatrist) following referral from a GP.

Formal diagnosis is typically guided by the International Classification of Diseases (ICD-11) or the Diagnostic and Statistical Manual of Mental Disorders (5th Edition) and psychometric measures, such as the Mood Disorder Questionnaire (MDQ) or the Hypomanic Attitudes and Positive Predictions Inventory (HAPPI).

You should consult with a mental health professional to get a formal diagnosis.

The evidence-based treatment and therapy guidelines used in the United Kingdom and the NHS are based on recommendations from the [National Institute for Health and Care Excellence \(NICE\)](#).

What does psychological support for bipolar affective disorder look like?

Psychological therapies aim to reduce psychological distress and improve quality of life.

There are a number of therapeutic approaches to treat bipolar disorder. These include:

- Cognitive-behavioural therapy (CBT) - the most evidence-based approach which can last several months - similar to the treatment of psychosis.
- Mood on Track programme - another evidence-based approach typically delivered in a group format over 10 to 12 weeks, focusing on promoting relapse prevention ("staying well") through the identification of triggers of manic and depressive states using a holistic approach.
- Compassion-focused therapy (CFT) and acceptance and commitment therapy (ACT) - increasingly being used for treatment. These both stem from CBT but their nature and targets change compared to traditional CBT. They rely on easier conceptualisations and philosophies to promote wellbeing, such as mindfulness, compassion, resilience and acceptance.

Did you know?

In England in 2023-24, there were 1.83 million people referred for NHS Talking Therapies (NHS England Digital, 2025).

To access a talking therapy, in most cases you can either refer yourself or be referred by a GP.

How treatment helps

As bipolar affective disorder tends to be a severe, chronic mental health problem, psychological support is based on recognising patterns of behaviour, as well as unhelpful appraisals and thoughts.

It is not uncommon for people with bipolar-related difficulties to want to take advantage of the high mood states while they experience higher energy levels, alongside appraisals that maintain hypomania and mood instability, such as “I need to do as much as possible before I crush”, or “I can't control my moods”, or “I can't cope with sadness, even if it's only for a little while”.

Positive appraisals of internal mood states tend to be associated with hypomania, whilst negative appraisals tend to be associated with irritability and depression.

Psychological support helps people with bipolar to recognise how these cognitions maintain their difficulties and get in the way of a more meaningful and fulfilling life, in line with their values and goals.

Psychological therapy can also enable individuals with bipolar disorder to become aware of unhelpful coping mechanisms, such as over-stimulation when experiencing high mood states, and under-stimulation when feeling low. Engaging in coping strategies that counter these tendencies can help to keep their symptoms at bay and prevent relapse.

Using a mood diary can be helpful. Mood changes, triggers and medication adherence are usually tracked over a period of time to establish patterns of unhelpful behaviours and cognitions.

What can I do if I think I might have bipolar affective disorder?

If you think you might have bipolar disorder, it is important to discuss this with a GP in the first instance, who will ask some questions about your current difficulties and, if needed, refer you for a specialist assessment usually involving a psychiatric evaluation. Keeping a note of your symptoms can be helpful, as well as observations made by family, loved ones and friends as it can be hard for people to identify their own challenges and difficulties, particularly when experiencing high mood states.

What can you do to support yourself, if you are experiencing bipolar?

It's important to stress that, while bipolar disorder can be difficult to manage, many people live independent and fulfilling lives, including being able to work and develop meaningful relationships. Psychological therapy and psychotropic medications can help to manage the severity of the cyclic episodes and enable you to stay well.

You will be reviewed by your mental health team regularly (for example every three to six months) and your care plan will be adjusted accordingly. It can also be useful to inform family and carers about your diagnosis and involve them in your care, so they can help you spot early warning signs and ensure you take action promptly.

Please refer to the Seeking Support page, for further information on who to contact for support.

Advance Choice Documents

Advance Choice Documents are a way for individuals to identify appropriate actions related to their care, such as expressing their preferred treatment approach in advance to family and healthcare professionals, if and when they become unwell in the future.

The documents promote choice and autonomy for those experiencing mental illness.

Under the new Mental Health Act 2025, there is now a duty on the NHS in England and Wales, to make information about Advance Choice Documents available.

For those in Scotland, there is also provision for Advanced Choice Documents under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Find out more on the [Advance Choice website](#).

Supporting reasonable adjustments in the workplace for those with bipolar

Equality legislation in the UK defines disability as a physical and/or mental health condition that has a substantial and long-term impact on a person's ability to undertake normal daily activities. Under the provisions of the legislation, employers must make reasonable adjustments to ensure that the individual is not disadvantaged at work. They can be changes or adaptations that remove barriers in the workplace.

People with a diagnosis of bipolar (or those who care for people with a diagnosis of bipolar) can request reasonable adjustments at work, which can be discussed with their line managers or employers.

Reasonable adjustments that could be considered by the employer are:

- Allowing time off during the working day to attend medical appointments (including therapy)
- Flexible leave (including sick leave) to manage early warning signs of bipolar
- Flexible working, including working from home occasionally to manage bipolar-related difficulties
- Part-time and consistent working patterns to manage physical, cognitive and behavioural difficulties (for example, sleep problems), so that there is more time to rest and plan (longer or inconsistent working hours can affect performance and mood stability, so consistent work or shift patterns are advisable)

Have you seen our ['Let's talk adjustments' campaign?](#)

It aims to raise awareness and empower everyone in veterinary workplaces, no matter their role, disability or health condition, to have important conversations about reasonable adjustments.

- Relying on visual aids and instructions to complete day-to-day tasks and manage barriers or challenges that might arise
- Having more regular supervision, a buddy system or a mentor for additional support and to be able to manage deadlines and timelines
- Planning time off for specialist consultations and, importantly, when new medications are prescribed as these can lead to unexpected or sudden mood instability
- Developing a 'staying well plan' to ensure there is a care plan in place for the individual, including strategies that help manage symptoms and speed up recovery (this plan can be shared with the employer, if appropriate)

There are also a range of employment and education support schemes that can support with reasonable adjustments.

Access to Work

The Access to Work scheme can help you get or stay in work if you have a physical or mental health condition or disability. Access to Work is not means tested, does not need to be paid back and will not impact other benefits you might receive. To find out more visit the [UK Government website](#).

Disabled Students Allowance

Disabled Students Allowance (DSA) is a fund that can be applied for to support university students who ordinarily reside in the UK, and to cover extra disability-related costs or expenses they have while studying (which exceed those provided as reasonable adjustments by their university or college). DSA is not means-tested and does not typically need to be paid back. To find out more visit the [Save the Student website](#).

How to talk to someone experiencing bipolar

How to talk to people with bipolar depends greatly on the type of relationship you have with them. However, some general advice that could be helpful includes:

- **Ask them how they feel openly and without making assumptions,** do not assume they are going through difficulties as they might be able to do more than you think, which in turn promotes agency and independence (“how are you today?”, “can you help me with this task, etc., if you feel able to?”).
- **Ask permission to interrupt them or refocus on the topic being discussed when they feel high.** Establishing some rules prior to significant mood changes can help the person feel contained (for example a code word), avoiding feelings of shame and guilt. This is common in people with bipolar as, when the high mood states end, they can experience strong feelings of self-criticism and shame (for example, “if I notice that it’s difficult for you to stop talking, can I gently interrupt you?”, “can we have a code word that can help you recognise you might be struggling with racing thoughts or fast speech?”).
- **Try and understand them, do not invalidate or minimise their challenges and listen curiously.** Avoid problem-solving if not requested: while it can be helpful at times, it can also invalidate the person’s feelings and emotional struggles (for example, “I’m sorry you’re going through this”, “it sounds really difficult”).
- **Help them spot early warning signs,** if you feel able to, by sensitively highlighting what you notice differently if you are a familiar person, carer or a loved one, and reminding them of the strategies that tend to help them (these can be included in a ‘staying well plan’ they can rely on during relapse).

Seeking support

NHS help and support

You can contact a GP for advice, an assessment and referral to local psychological therapies team, or to access medication. In England, Scotland and Wales/Cymru, you can also self-refer to your local NHS Talking Therapies (formerly IAPT) service.

You may also be able to access online CBT programmes such as SilverCloud.

If you need more urgent help and support, you can contact NHS 111 in England, Scotland, and Wales/Cymru, or Lifeline in Northern Ireland on 0808 808 8000 to receive support and advice. If you are deaf or hard of hearing, you can also find useful advice from the [RNID](#) on using the confidential relay service Relay UK, to contact NHS 111 and Lifeline.

You can also contact a GP surgery and ask for an emergency appointment.

If you are in crisis or need immediate medical help call 999 and ask for an ambulance or visit your local A&E department.

General support

- **Bipolar UK Peer Support Line** – available by request, you can book a call or email a query on the [Bipolar UK website](#)
- **Vetlife Helpline** – available 24/7 to listen and offer a confidential, safe, and non-judgmental space. Call 0303 040 2551 or visit the [Vetlife website](#) to register and contact anonymously via email.
- **Samaritans** – available 24/7 and provides a safe place for anyone, whatever you are going through. Call 116 123 or email: jo@samaritans.org
- **Shout** – available 24/7 and offers a free, confidential text messaging service for anyone who is struggling to cope. Text SHOUT to 85258.

There are also resources and information provided by [MIND](#), [PAPYRUS](#) and [Bipolar Scotland](#).

If you would like a list of research and resources that have been used/referred to in this guide, please contact info@vetmindmatters.org

About this guide

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This guide has been developed by Dr Marco Vivolo, Clinical Psychologist, in partnership with the Royal College of Veterinary Surgeons' (RCVS) Mind Matters Initiative. 'Clinical psychologists deal with a wide range of mental and physical health problems including addiction, anxiety, depression, learning difficulties and relationship issues' (British Psychological Society, 2025).

Please note that our health information should not be used for diagnosis purposes. If you are concerned about your health, please seek help from a GP or a mental health professional.

For further information on our content and publications terms of use, please visit our [website](#).

How to feed back and contact RCVS Mind Matters

As part of our commitment to continuous improvement, we welcome feedback and suggestions for future updates to this guide.

Registered Address: 1 Hardwick Street, London, EC1R 4RB

RCVS Website: www.rcvs.org.uk

MMI Website: <https://www.rcvs.org.uk/veterinary-professionals/mind-matters>

Email: Info@vetmindmatters.org

Did you know?

Clinical psychologists are protected titles by law and individuals must be registered with the Health Care Professions Council (HCPC) to practise. [You can check if someone is registered on the HCPC website.](#)

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