

Bipolar Disorder: A Mental Health Emergency Counselling Implication in Bayelsa State

Brown, George Mother
vivianbrownie58@gmail.com

and

Professor Rosemary Ekechukwu

Abstract

This position paper is focused on Bipolar disorder: A mental health emergency in Bayelsa State. Counselling Implications. The introduction of this paper gave a background of bipolar disorder, mental health and highlighted the determinants of mental health. The paper explained the different episodes/ phase of bipolar disorder which are; manic episode of bipolar disorder, hypomanic episode of bipolar disorder, depressive episodes of bipolar disorder. The causes of bipolar disorder are genetics, chemical imbalance in the brain, and other environmental triggers. Furthermore, identification of people living with bipolar disorder, their symptoms were highlighted, Counselling implications, conclusion and suggestions were also made.

Keywords: Bipolar, disorder, mental, health, counselling, risk.

Introduction

There has been an increased wave of bipolar disorder among individuals which has posed a serious threat to the indigenes especially in Bayelsa State. These problems are reported in different dimensions as well as various parts of Nigeria. According to a daily report from a Newspaper, the rate of this mental health deterioration among the people has been blamed on the background upon which they were raised and nurtured in Bayelsa State. This menace has contributed to the challenges of individuals in the community due to its impact on behaviour, relationships, and functioning. Untreated or poorly managed bipolar disorder has also led to the disruptions in personal relationships, work productivity, and overall quality of life. According to Coldman (2003) Bipolar disorder also known as manic depression, is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking and behaviour. Also, it is a mental health condition that causes unusual shifts in energy, mood, concentration, and the ability to perform activities of daily living. People who have bipolar disorder can have periods in which they feel overly happy and energized and other periods of feeling very sad, hopeless, and sluggish. Coldman (2003) opined that, there are phases or episodes of bipolar disorder which are Mania, hypomania, depressive. The causes can be biological or genetics, and its symptoms varies based on the individual. Modupe (2010) asserted that, the term bipolar means “two poles”, and this specifies the two extreme opposite moods- mania/ hypomania and depression that characterize the disorder¹. These moods may surface as episodes, which vary according to the symptoms that occur and patterns of mood

changes. Sometimes, symptoms of mania and depression can overlap, creating a completely different face of bipolar disorder. When you become depressed, you may feel sad or hopeless and lose interest or pleasure in most activities. When your mood shifts to mania or hypomania (less extreme than mania) you may feel euphoric, full of energy or unusually irritable. These mood swings can affect sleep, energy, activity, judgment, behavior and the ability to think clearly. (Modupe, 2010). According to a report made by Jegede (2020), people with bipolar disorder living in Bayelsa State are swift to severe mood swings, impulsivity, and erratic behaviour which has led to conflict, and disagreement in their relationship, career and business.

Dienye (2017), submitted that, mental health is the stability of the mind, brain, and relationship with people. Mental Health also includes our emotional, psychological and social wellbeing. Our mental health affects how we think, feel and act. Mental health helps determine how we handle situations around us, how we relate with others, and make healthy choices. Based on these, if our mental health is not properly taken care of, it can affect our relationship with people and the world at large. Mental Health can also be seen as the ability to accept yourself and others, express and manage emotions, and deal with the demands and challenges you meet in your life. Similarly, if our mental health is not properly taken care of, it can affect our relationship with people and the world at large. Mental health helps determine how we handle situations around us, how we relate with others, and make healthy choices. Additionally, mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right, and it is crucial to personal, community and socio-economic development.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health is important at every stage of life, from childhood and adolescence through adulthood. For Kaiban (2015), many people with bipolar disorder also have other mental disorders or conditions such as anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), misuse of drugs or alcohol, or eating disorders. Sometimes, people who have severe manic or depressive episodes also have symptoms of psychosis symptoms tend to match the person's extreme mood. For example, someone having psychotic symptoms during a depressive episode may falsely believe they are financially ruined, while someone having psychotic symptoms during a manic episode may falsely believe they are famous or have special powers. Looking at a person's symptoms over the course of the illness and examining their family history can help a health care provider determine whether the person has bipolar disorder along with another disorder. Episodes of mood swings may occur rarely or multiple times a year. While most people will experience some emotional symptoms between episodes, some may not experience any. Furthermore, bipolar disorder is a lifelong condition, you can manage your mood swings and other symptoms by following a treatment plan. In most cases, bipolar disorder is treated with medications and psychological counselling.

According to a report from a daily News Paper, Bayelsa State is naturally prone to flooding which has become a perennial issue due to its location at the base of Niger Delta region of Nigeria, and to make the matter worst, most of the buildings/ properties in the locality are not developed with the principles and attributes of sustainability which can make them to withstand the damaging effect of flooding. There is also a high level of ups and downs/rise and fall of financial successes as a result of this natural disaster as indigene are always starting life afresh whenever this natural disaster affects the lives of the people in Bayelsa State.

Bipolar disorder is one of the mental illness that has constituted a major concern in Bayelsa State of Nigeria especially with the high attendance risk of flood disaster to the built environment and socioeconomic activities; such as destruction of farm produce, scarcity of food and the high rate of poverty as a result of this natural disaster, which in turn has affected the mental health of the indigenes of Bayelsa State. Therefore, it is expedient to provide counselling implications to people with bipolar disorder which is a mental health emergency in Bayelsa State and the society at large.

Determinants of Mental Health

Throughout our lives, individual, social and structural determinants, may combine to protect or undermine our mental health and shift our position on the mental health continuum. Psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problem.

1. Exposure to unfavorable social economic, geopolitical and environmental circumstances- including poverty, violence, inequality and environmental deprivation- also increases people's risk of experiencing mental health conditions.
2. Risk can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. For example, harsh parenting and physical punishment is known to undermine child health and bullying is leading risk factor for mental health conditions.

Types or Episodes/Phases of Bipolar Disorder

Bipolar episodes can occur as manic, hypomanic, or depressive episodes. Some episodes can include symptoms of manic and depressive episodes. This phenomenon is called a mixed state, or a mood episode with mixed features. For some, manic and depressive episodes may be frequent and interfere with work and relationships.

1. **Manic Episodes of Bipolar Disorder:** Momah, (2003) asserted that, manic episode of bipolar disorder is characterized by the excitement that manifest as mental and physical hyperactivity, the elevation of mood, and disorganized behaviour are usually "out of control". Also, manic episode is a period of extreme happiness, overly outgoing behaviour, or extreme irritability combined with increased energy. These episodes last for weeks or months and may result in hospitalization. Furthermore, this phase or episode of bipolar disorder is ultimately a period of optimism, confidence, and energy. Although, increased confidence and creativity may seem a positive experience to people with bipolar disorder, often these emotions are so intense that they will impair judgement

and thinking. He further stated that, during a manic episode, people may talk very quickly, not eat or sleep and may become easily annoyed. In some cases, people will develop symptoms of psychosis (a delusional state in which they may hear voices and become convinced of things that are not true).

2. **Hypomanic Episodes of Bipolar Disorder:** Tamsin (2015) opined that, this is less severe or milder form of manic episodes. During this phase of hypomania, mood and energy levels are heightened but they are not “out of control” like the mania phase. Despite this, a period of hypomania can quickly spiral out of control and may cause disruption to relationships, careers, and reputations. There is also the possibility that hypomania will escalate to mania, or may be followed by a chronic depressive episode.
3. **Depressive Episodes of Bipolar Disorder:** According to Omoteso (2010), depressive episode of bipolar disorder is characterized by significant sadness, hopelessness, irritability, and changes in appetite, sleep patterns or weights. During this episode of bipolar disorder, individuals tends to be worse than mild forms of depression- especially as episodes will last longer (on average around six months). People will find it very difficult to deal with life in an effective way and may end up staying in bed all bed feeling unable to face the world. Just as in a manic episode, depressive phases of bipolar may involve symptoms of psychosis.

Causes of Bipolar Disorder

There is no single cause of bipolar disorder, scientist/researchers are still studying how a few factors may lead to it in some people.

1. **Genetics:** Bipolar disorder commonly runs in families. 80% to 90% percent of individuals with bipolar disorder have relatives with bipolar disorder or depression. The family members of a person with bipolar have an increased risk of developing it themselves. But no single gene is responsible for bipolar disorder, instead, a number of genetic and environmental factors are thought to act as triggers. (Wikipedia 2013, Online Encyclopedia). However, Modupe (2012) stated that, bipolar disorder is more common in people who have first degree relative, such as a sibling or parent, with the condition. Some researchers suggest that multiple genes may interact to produce abnormal function of brain circuits that results in bipolar disorder’s symptoms of major manic and depression but they are not sure of the exact gene that may be involved in causing bipolar disorder.
2. **Chemical imbalance in the brain:** Emeka 2021, revealed that, there is some evidence that bipolar disorder may be associated with chemical imbalances in the brain. An imbalance of brain chemical is believed to lead to deregulated brain activity. The average age of onset is 25 years old. The chemicals responsible for controlling the brain’s functions are called neurotransmitters, it includes noradrenaline, serotonin and dopamine. There is evidence that episodes of manic may occur when levels of noradrenaline are too high, and episodes of depression may be the result of noradrenaline levels becoming low. People with bipolar disorder appear to have physical changes in their brains. The way the brain develops may also play a role. The significance of these changes is still uncertain but may eventually help pinpoint causes. Other environmental triggers of bipolar

disorder are stressful circumstance or situation often triggers the symptoms of bipolar disorder. Examples of stressful triggers include;

3. Extreme stress/overwhelming problems
4. The breakdown of a relationship
5. Physical, sexual or emotional abuse.
6. The death of a loved one or close family member.
7. The above life-altering event can cause episodes of depression at any time in a person's life. Bipolar disorder can also be trigger by:
8. Physical illness
9. Sleep disturbances
10. Overwhelming problems in everyday life, such as problems with money, work or relationship. Etc (James, 2013).

People Living with Bipolar Disorder:

In bipolar disorder, the dramatic episodes of high and low moods do not follow a set pattern. These episodes can happen over a period of weeks, months, and sometimes even years. How severe it gets differs from person to person and can also change over time, becoming more or less severe.

Symptoms of Manic ("The highs")

A person with manic bipolar disorder may have the following;

1. Excessive happiness, hopefulness and excitement.
2. Sudden changes from being joyful to being irritable, angry and hostile.
3. Restlessness.
4. Rapid speech and poor concentration.
5. Increased energy and less need for sleep.
6. Unusually high sex drive.
7. Making unrealistic plans.
8. Showing poor judgment.
9. Drug and alcohol abuse.
10. Becoming more impulsive.
11. Less need for sleep.
12. Less of an appetite.
13. Larger sense of self-confidence and well-being.
14. Being easily distracted.

Symptoms of Depressive Periods ("The Low")

A person with bipolar disorder may have the following;

1. Sadness.
2. Loss of energy.
3. Feelings of hopelessness or worthlessness
4. Not enjoying things they once liked.
5. Trouble concentrating.

6. Forgetfulness.
7. Talking slowly.
8. Less of a sex drive.
9. Inability to feel pleasure.
10. Uncontrollable crying.
11. Trouble making decisions.
12. Irritability.
13. Needing more sleep.
14. Insomnia.
15. Appetite changes that make you lose or gain weight.
16. Thoughts of death or suicide.

Counselling Implications

Counselling according to Thompson and Poppen in Iruloh et al (2009) is a person to person relationship in which a one person helps another to resolve an area of conflict that has not been hitherto resolved. The central purpose of counselling is to assist clients explore and participate in his or her own development towards becoming whole, purposefully self-directed in a changing society, having full respect for the worth and dignity of self and others and becoming the person who he desires to become. (Iruloh et al, 2009).

Recovering from bipolar disorder doesn't happen overnight as medication alone isn't enough. As with the mood swings of bipolar disorder, treatment has its own ups and downs. Finding the right treatments takes time and setback happens. With counselling interventions, careful management and a commitment to getting better, one can get symptoms under control and live life to the fullest.

Bipolar disorder is a lifelong condition that requires a lifetime of treatment. It is not yet curable, but medication, counselling, and other strategies can help manage the symptoms and reduce its impact on a person's daily life. Some persons with bipolar disorder may become suicidal. People with bipolar disorder find it difficult to accept the reality of it, because people living with any mental illness can be very difficult, and bipolar disorder has its own challenges.

After a person has been diagnosed with bipolar disorder, or learns he/she have bipolar disorder, there is need for counselling intervention; before, during and after treatment because bipolar disorder is associated with impulsive and self-destructive behaviour, coupled with suicidal thoughts.

Counselling or "talking" therapy, is an important part of treatment for bipolar disorder. During counselling, you can discuss feelings, thoughts, and behaviours that can caused problems. With counselling, the individual suffering from bipolar disorder will understand and hopefully master any problems that hurt his/her ability to function well in life, career and relationship. It also helps the individual to stay on medication, and maintain a positive self-image. The frequency, duration and number of counselling sessions the individual receives is determined according to the individual needs (Manic/Hypomanic or Depressive episodes of bipolar disorder).

The following are counselling implications to help and support a bipolar disorder person:

Cognitive Behavioural Therapy (CBT): This is a talking therapy that can help a bipolar disorder person to manage the illness by changing the way they think and behave. This is one of the most well-known approaches and is used to help patients with bipolar disorder learn to change any negative thought patterns that lead to behaviour that may be harmful to them, learn better ways of coping with the problem, thereby relieving their symptoms and becoming more effective in their lives. Cognitive behaviour therapy is based on the concept that thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts and feelings can trap one in a negative cycle. CBT deals with the current problems of the patient and looks for practical ways to improve the state of mind on a daily basis. Cognitive behavioural therapy also involves efforts to change behavioural patterns of the bipolar disorder person and these strategies might include:

1. Learning to recognize one's distortions in thinking that are creating problems, and then to re-evaluate them in light of reality.
2. Using problem-solving skills to cope with difficult situations.
3. Learning to develop a greater sense of confidence in one's own abilities.
4. Facing one's fears instead of avoiding them.
5. Learning to calm one's mind and relax one's body.

Family-Focused Therapy (FFT): This is an evidence-based intervention for adults and children with bipolar disorder and their families/caregivers. For example, the parents of a bipolar disorder person may be quiet upset by the child's illness, and as a result, motivated to act in an over-controlling manner that the child rebels against. The child rebellion adds significant stress to him/her already complicated condition. Family-focused therapy educates all family member about the nature of bipolar disorder, bipolar treatment, and ways that family members can support their affected members. During counselling sessions, the counsellor can teach family members about the nature of manic and depressive mood swings, and the different types of bipolar and the need for bipolar medications to be the major means of therapy.

Families are frequently deeply affected by their bipolar member, and themselves experience a range of deeply felt emotions, not the least of which is a sense of hopelessness to fix bipolar symptoms. Such hopelessness can easily into anger, frustration and aggravation expressed towards the bipolar family members. Family members can easily get burned out from trying to help, particularly, if the patient is a reluctant patient.

The goal of family focused therapy is centred on three modules such as:

1. Psycho-education: the family learns about symptoms of bipolar disorder, develops coping skills to develop coping skills to address symptoms and stressors, and develops a relapse prevention plan.
2. Communication enhancement training: The family learns a range of skills to improve maladaptive communication patterns.
3. Problem-solving skills: The counsellor teaches the family specific skills to address problems that creates conflict in the home.

Interpersonal and Social Rhythms Therapy: This is an add-on therapy for treating bipolar disorder and other mood disorders. The “Interpersonal” part focuses on building safe, healthy relationships and the “social rhythms” part focuses on building a consistent daily routine. This therapy aims to minimize disruptions to the daily routines and rhythms since these changes can lead to disrupted sleep and an unstable mood in some people. IPSRT can help to minimize the impact of stress from relationship conflict. During sessions, the counsellor will examine the impacts of stressful, role-changing life events, such as marriage, getting a new job, losing a job or having a child. Sleep disruption and stress can both increase the chance of hypomanic or manic. Since IPSRT can reduce sleep irregularities and ease stress, it can be an effective treatment for bipolar disorder. Interpersonal and Social Rhythms Therapy is not meant to replace medication for bipolar disorder. Instead, it helps by regulating schedule to make medication compliance easier.

There are several stages of Interpersonal and Social Rhythms Therapy:

1. **Initial Stages:** During the initial stage, the counsellor will work with the patient to understand that mood changes are not the patient’s fault, and that, there is a medical component responsible for the mood changes or swings. Also, the counsellor will examine how certain relationships and behaviours are connected with mood changes and agree with the patient on the suitable relationship and communication style to foster relationship with people are them. The initial stage can last for several sessions.
2. **Intermediate Stage:** During this stage, the counsellor uses a social rhythm metric tracking form to log social rhythm regularity, review the form each week and the patient applies the feedback gotten from the counsellor in the next interactions and social gatherings with people.
3. **Maintenance Stage:** During the maintenance stage, the patient work on the skills he/she has learnt from the counsellor. As the patient builds his/her confidence, it is important they apply these skills to manage disruptions.
4. **Psychoeducation Therapy:** This is a therapy intervention that involves the counsellor providing their patients with information about their diagnosis, symptoms, or the method of treatment used. It is more than simply sharing information with the client; Psychoeducation refers to a structured and specific method of providing knowledge. Psychoeducation is a combination of cognitive-behaviour therapy, group therapy and education. The basic goal is to provide the patient and families knowledge about various facets of the illness and its treatment so that they can work together with mental health professionals for a better overall outcome.

Conclusion

Bipolar Disorder indeed is on the increase more than ever in today’s society, especially in Bayelsa State. Supporting researches from other authors, bipolar disorder can lead to a range of behaviours and symptoms beyond mood swings. These can include changes in energy levels, sleep patterns, concentration, and decision-making abilities. Manic episodes might lead to impulsivity, excessive risk-taking, and racing thoughts, while depressive episodes could result in low energy, feelings of hopelessness, and decreased interest in

activities. It's essential for individuals with bipolar disorder to work with healthcare professionals to manage these behaviours effectively.

Suggestion:

Based on the conclusion from the findings, it is suggested that:

1. It is important for bipolar patients to consult with local healthcare professional for mental health check-up and guidance.
2. It is important to have mental health specialist around the communities to assess individual's needs and provide guidance on appropriate medications, therapy and support systems.
3. The government should provide local mental health facilities, hospitals, or community health centers to offer services as regards mental health and wellbeing.
4. Community support groups, NGOs, counsellors should provide valuable, accurate and professional assistance for specific mental health advice or guidance.

References

- Coldman, N. (2003). The impact of drugs on social lifestyle: A case study of university female Students. *Gender and Behaviour*, 15(4), 9966-9981.
- Dienye, K. (2017). Methods of analyzing behaviour: Introduction to special issues. *Journal of Technology in Human services*, 30(3-4), 141-144.
- Emeka, N. E (2021). Adolescent gambling behaviour, attitudes, and gambling problems. *International Journal of Mental Health Addiction*, 6, 223-237.
- Iruloh, B.N, Ehibudu, I.J & Echebe, P.I. (2009). Organization and administration of guidance and counselling services: In school and non-school setting.
- James, T. (2013). The role of parents in the upbringing of children: The Nigeria pallotine Community. www.pallotine.org.ng
- Jegade, R. O. (2002): People living with bipolar disorder. *Psychology and Mental Health Differences Research*, 6 (pp.13-25.)
- Kaiban, M. I (2015). Emotional intelligence and construction of regulations of feelings. *Applied and Preventive psychology on Bipolar Disorder*, 4 (3), 197-208.
- Modupe S. (2010). Parents-adolescent sexual health communication in immigrant Nigerian American families. Walden University, College of Health Sciences.
- Modupe S. (2012). *Risky sexual behaviours in adolescents: The impact of social and cultural impacts*. Master's degree thesis. Department of Sociology, Scaramento CA: CA State University.
- Omotoso, M. (2010). Correlates of bipolar disorder and gambling in adolescents. *Journal General of American Child/Adolescent Psychology*, 50 (2),150-9
- Tamsin, M. A. (2015). *A comparative study of roles of parents, gender and education level in the Sexual risk behaviour of adolescents*. A published Thesis in the faculty of social sciences, Utrech University, Utrech, the Netherlands.

Wikipedia (2019). Online Encyclopedia. Retrieved on 10th December, 2019 from *www.wikipedia.com*

World Health Organization (2022). *Online Enclyclopedia*.