

Working with Bipolar

-) • Bipolar | Scotland's Charity for People
-) • Scotland | Living with Bipolar

www.bipolarscotland.org.uk

About Bipolar Scotland



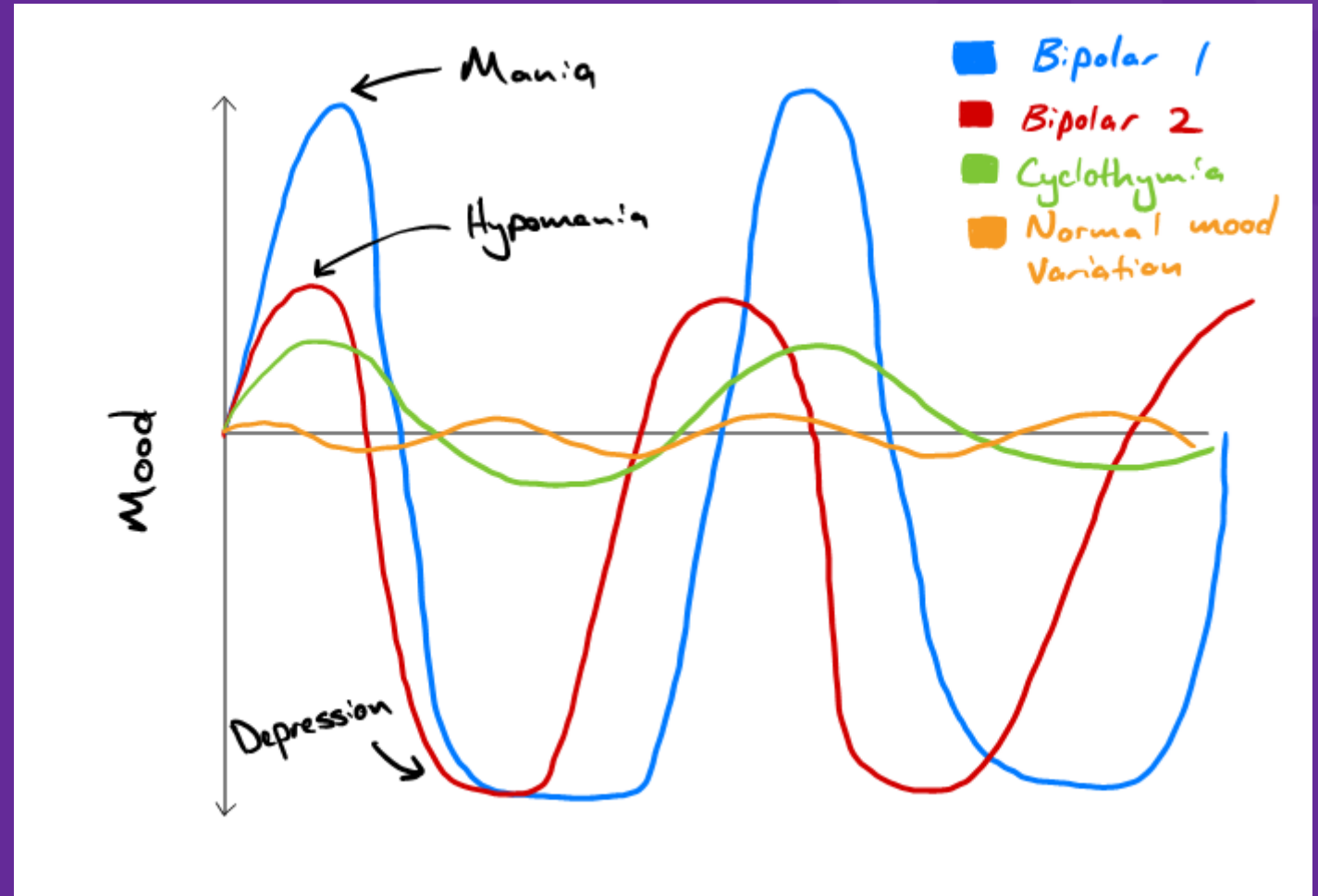
- Scotland's national charity for people affected by bipolar
- 12 members of staff, 40+ volunteers
- Lived-experience
- Support groups, 1-1 peer support and self-management training

About Bipolar

- Affects 2-3% of the population
- Average of 10 years to get a diagnosis
- Increase a person's suicide risk up to 20 times
- Life expectancy 8-12 years less than general population
- Can affect anyone of any age and any background
- Bipolar can be managed with the right treatment and support

What is bipolar?

- Intensity
- Duration
- Impact



What can mania/hypomania look like?

- Euphoric feelings
- Increased talkativeness
- Distractibility
- Less critical thinking
- New ideas accepted more easily
- Less consideration to potential consequences
- Greater sense of productivity and creativity
- Loss of social inhibition
- Decreased need for sleep

*“When I’m manic I feel **completely immortal**. Anything seems possible. I completely believe that I can radically change the world with my words or actions. ‘Real’ life becomes irrelevant, and **I live in a world of ideas**, so eating/drinking/responsibilities lose all meaning. I talk loudly and incoherently.*

*The last time I was hypomanic I completed a 3-year masters degree in one year while working full time - **this is the bipolar ‘superpower’** - you can manage multiple tasks at once and process information quickly.”*

What can depression look like?

- Feelings of hopelessness or worthlessness
- Withdrawing from others and activities once enjoyed
- Irritability
- Loss of confidence/low self-esteem
- Lack of energy
- Change in eating and sleeping patterns
- Difficulty concentrating
- Thoughts of suicide

What helps?

- Medication
- Support from professionals
- Talking therapies
- Peer support
- Support from friends and family
- Self-management tools (mood monitoring, knowing triggers and warning signs)
- Staying active, eating well, prioritising sleep

Stable, meaningful and supportive employment

Working with bipolar

In June 2024, we surveyed our members and found that...

76% left a job in the past due to their bipolar

63% have felt discriminated against at work due to their bipolar

65% felt they'd been overlooked for a promotion because of their bipolar

"[I was] previously sacked when my employer found out about my diagnosis. Have been in workplaces where **I've felt unsupported** and in turn, felt unable to take on additional duties or look for progression."

"**Stigma and lack of understanding** of the condition has played a role in my previous workplaces. I was taken off some duties and effectively demoted for being 'unreliable' after three short absences in a year."

Peer Support



"I feel proud to
work full time as a
health
professional.

I identify more
strongly as a
midwife than I do
as someone with
bipolar disorder.

**Working is
important to me."**

What can employers do?

"Understanding that the person is **ill** and not just lazy, stupid or annoying."

"The biggest difference I think would be to **move away from labels towards needs.**"

"I think allowing **more openness** in conversation of how people feel due to their bipolar at work, without judgement."

"A dedicated HR person to be **knowledgeable about the illness** and act as a point of contact when people are becoming more unwell."

"My current job allows me to work **flexibly** which is critical to my ability to hold down this job."

"If hospitalised, the workplace could send a **card/bunch of flowers.**"

"**Appointment**s can be difficult as they're always during the working day."

"**Mental health** leave days rather than sick days."

"Working together in view of what is best for my health allows for working together for **the best of my work, my workplace and my team.**"

"There needs to be careful **management of workloads** to avoid the (almost inevitable) overload."

What else can you do as an employer?

- Don't make assumptions
- Consider reasonable adjustments (Equality Act 2010)
- Wellbeing Action Plans
- Always maintain confidentiality
- Plan for a positive return
- Make wellbeing a priority

“

No matter what you call it, this is an illness no different from, say, diabetes or asthma - and like those conditions, [it] should be neither ignored nor stigmatised.

Richard Dreyfuss

:): Bipolar
Scotland

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Workplace Training for Corporate Partners

- In-depth focus on bipolar, depression, anxiety, schizophrenia and personality disorders
- Co-produced with people with lived-experience
- Tackles stigma and myths head-on
- Move from awareness to action
- Practical tools and strategies for workplaces



Join our community!



**ON THE
LEVEL
OUT NOW!**

**MANAGING A BUSINESS
& BIPOLAR**



Thank you!

To learn more, access support, become a member, or donate –
please visit:

www.bipolarscotland.org.uk

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