The Importance of Preventing Crises Before They Happen

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Bipolar Relapse Prevention

How often have I had a crisis or seen a crisis waiting to happen?

Too many times.

My first crisis was 2008, and it took years of hard work and recovery to rebuild myself to a decent level of mental health afterwards. The second was in 2013, when I experienced suicidal depression, and the third, recently, when I was prescribed medication that impacted negatively on my bipolar mood stabilizers, the result being a hospital admission.

You Can't Always See It Coming…

From first-hand experience I can say there are some crises that are unexpected, particularly first-time episodes when neither the person struggling nor their friends or family are equipped with the knowledge to spot glaring signs or symptoms.

Back in 2008 I carried around a black feeling in my stomach for months and months and developed an eating disorder in an attempt to cope with the emotional distress I was experiencing. I was predisposed to mental ill health due to family history and was thrown into the world of mental health bouncing from a depression diagnosis to a bipolar diagnosis quite quickly.

Of course looking back there were many red flags, but it was impossible to put them all together like pieces in a jigsaw and my friends and family have echoed this. We knew absolutely nothing about mental health and we now know it is all about learning from experience.

Although I acknowledge those more unexpected crises, my argument is that there are always steps we can take can prevent relapse and avoid crisis.

Yes, it is more difficult in the example given above, but as time goes on and we attempt to manage our mental health diagnoses we should have a support network that consists of health professionals, family, friends, and work colleagues, with our own minds being the driving force. I understand this level of support is not always possible but it does provide the optimum results in crisis prevention.

Stage 1: Recognition

If I think about my stages of my relapse I would say I get a feeling in my stomach first and foremost that tells me something is wrong. I start to notice mental changes like irritability, sadness, lack of motivation or forgetfulness, and at the other end of the spectrum I feel hyperactive, talk a lot, feel motivated to make lots of changes in my life and become more interested in the opposite sex.

I used to speak nothing of these changes, not realizing they were indicating bipolar mood swings and were most likely obvious to everyone else. Interestingly, many people didn't used to highlight them to me and I believe this is due to fear and not wanting to rock the boat, which I understand completely. It's easy to believe that if we ignore things they will go away but this isn't the case in mental health.

Now I have a very open relationship with friends and family and they speak to me when I am feeling down to see if there is anything they can do to help and keep an eye on me when I am over-energetic, warning me that I'm being very 'up.'

Sometimes it's a pain in the ass, because it's helpful for people to try and lift me from a hole, but to push me back into one when I'm feeling great is not something I cherish. Being told the truth and having honesty around you is not always easy. In fact, it can sometimes feel as though you're being monitored, but that always comes with the territory of bipolar and as you learn your illness you will be able to differentiate between the 'worriers' and the 'genuine concerns.'

Next page: getting help.

Stage 2: Getting Help

Once you and those around you are aware of mental and physical changes, the next stage is to ***get help*** in order prevent relapse. I often find it's this stage that can be stretched out, when what you really need is your prevention plan to be implemented immediately.

My community psychiatric nurses have not always been effective. I have had a few prevention plans written but not enforced when necessary, which is the most critical part.

Many plans say to speak up to your doctors or community psychiatric team whenever you feel concern. Some say to maybe go straight to your psychiatrist. The main objective is to go and see a medical health professional and it is better if you know them and they know your past history, as relationship building is key in the management of bipolar. The more someone knows who you are and how you act 'normally' the better understanding they have of any mood or behavioural changes.

I have used mood charts to assist previously, taking them with me on appointments to show my progress. Google 'bipolar mood charts' to see a variety of examples, and there are also mood mapping apps available.

I would always recommend seeing a health professional with someone who can vouch for your behaviour when you are stable and also who can concur with your recent struggles.

In my opinion, mental health management should always be driven from the patient perspective. At the end of the day, I am my own expert and there is no one that knows me better than me.

However, I can now stand back and accept that my opinions are not always coming from a 'balanced' point of view, particularly in mania when my big ideas, loud opinions and impulsive behaviour can be very forceful and one-sided.

Someone who cares for you will have a unique voice and will be able to realize your behaviour from another perspective and whether another opinion is something you want or not, it will undoubtedly help in the long run.

Honesty Is Best

Honesty really is best. However, I will say it should be mindful as I have been on the receiving end of people who speak their mind to the point it is very hurtful and lays guilt on an already vulnerable mind.

Honesty should always be from a caring perspective, and accompanied by a hug, a touch to the hand, something

that reassures that they will be looked after and get help. We must be sensitive to that person who is ultimately, in distress.

Your Help Should Be Tailored to You

The next steps consist of what is personal to you. Maybe you need regular doctor appointments, a medication review, psychiatrist appointment, talking therapy, cognitive behavioural therapy or maybe even just a rest. Maybe you have undergone a stressful or traumatic experience and need additional support.

You need to take responsibility for your own care, or you will lean towards relapse. The bottom line is there are many reasons why we need additional support – it's whatever life throws at you!

Next page: key factors in relapse prevention.

Your Help Should Be Tailored to You

Many cases end up with an inpatient hospital admission because the signs and symptoms are surpassed to the point that someone needs to be kept safe and that's the primary objective of the health professionals.

That's what happened to me recently. There were signs I was becoming ill but after my medication problems were exacerbated and the symptoms hit me quickly, I needed an immediate response.

Thankfully the crisis team responded quickly alongside my community psychiatric nurse, and my family kept me safe until a bed became available in a local psychiatric hospital. It's obvious to me now how the support network dovetailed to keep me protected and well.

Key Factors of Relapse Prevention

The key areas of relapse prevention are listening to yourself, speaking up, listening to those around us, taking action and being listened to by the health professionals. We need to be part of a system that takes us seriously and can swoop in and help us make changes when we lose insight. The harder it becomes to look after ourselves the further we go towards relapse.

In terms of our responsibility we need to take steps as soon as we feel little signs, and at times make people listen. It's important families and friends take you seriously and when necessary, assist you in reaching out, e.g. phoning your health professionals.

On one occasion I was in the early stages of depression and made numerous calls to medical services that were not listened to. My family and friends could do no more. They were supportive but they were not able to tweak my medication nor provide therapy or other professional support.

In previous years I would have been driven towards self-harm or other negative coping strategies, but do you know what I did? I found the contact details and wrote a letter to the chief executive of our local medical services and asked for help, detailing the number of times I had been in contact.

It sounds a very intricate act needing lots of organization and concentration but it didn't take long and I did it quickly. I thought I would use my last burst of energy for something positive and my body answered my need. Interestingly I was given an appointment with a psychiatrist within one week.

Sometimes it's using our coping strategies positively and getting the big guns out to trigger change that is what we ultimately need. There are always others around us that need help but we must, at times, put ourselves first to prevent a crisis, and that is what I did.

I got what I needed and my psychiatrist was able to speak with me and adjust my medication, which lifted me and

avoided the dreaded darkness of depression.

So there we have it.

Relapse prevention is about an integrated support network that you are the driving force behind. It’s about being aware, speaking up, listening to others, taking action and making sure you’re listened to.

You are worth looking after and crisis should always be prevented where possible.

Support Resources

1-800-334-HELP – 24-hour crisis hotline in the U.S.A.

1-800-273-TALK – 24-hour crisis hotline in the U.S.A.