

Bipolar Disorder Fact Sheet



Minnesota Association for
Children's Mental Health

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Symptoms/Behaviors

- Irritable mood
- Very sad – lasting a long time
- Feeling worthless or guilty
- Loss of interest in activities that were previously enjoyed
- Talking a lot
- Racing thoughts
- Explosive, lengthy, and destructive rages
- Separation anxiety
- Defiance of authority
- Hyperactivity, agitation
- Difficulty concentrating or paying attention
- Overly silly or joyful mood that is unusual for the student
- Excessive involvement in multiple projects and activities
- Impaired judgment and impulsivity
- Risk-taking behaviors
- Inappropriate or precocious sexual behavior
- Delusions and hallucinations
- Thoughts of suicide
- Inflated self-esteem or grandiose belief in own abilities (become a rock star overnight, for example)
- Complaints of frequent pain, such as headaches and stomach aches

Resources: See macmh.org/edguidelink for more bipolar disorder specific resources.

About the Disorder

Bipolar disorder is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. Symptoms can range from extremely happy or short tempered to long periods of extreme sadness. They can result in damaged relationships, poor job or school performance, and even suicide.

The DSM-5 states that bipolar disorder can develop at any age; however, the average onset of bipolar is 18. About 2 to 3 percent of the population age 18 and older in any given year, have bipolar disorder. Children/youth with bipolar disorder are more likely to have parents or siblings who have the disorder. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life. There is no cure for bipolar disorder but treatment can help children/youth recover and live productive and enjoyable lives.

Unlike adult-onset bipolar disorder, children and young adolescents with the illness often experience more severe symptoms and frequent mood changes. Children with mania are more likely to be irritable and prone to destructive tantrums than to be overly happy and elated. Mixed symptoms also are common in children/youths with bipolar disorder. Older adolescents who develop the illness may have more classic, adult-type episodes and symptoms.

Bipolar disorder in students can be hard to tell apart from other disorders that may occur in these age groups. For example, while irritability and aggressiveness can indicate bipolar disorder, they also can be symptoms of attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder, or other types of mental disorders more common among adults such as schizophrenia. Students with bipolar disorder may be prone to drug use, which can aggravate symptoms. Furthermore, drug use alone can mock many of the symptoms of bipolar disorder, making an accurate diagnosis difficult.

Students with bipolar disorder are at a higher risk for suicide. A large study on bipolar disorder of over 400 children and teens, reported by the National Institute on Mental Health (NIMH), found that "more than one-third of study participants made at least one serious suicide attempt." The DSM-5 reports that, "the risk of suicide in individuals with bipolar disorder is estimated to be 15 times greater than the general population." It's important to remember that any student who has suicidal feelings, talks about suicide, or attempts suicide should be taken seriously and should receive immediate help from a mental health professional.

Educational Implications

Students may experience fluctuations in mood, energy, and motivation. These fluctuations may occur in specific cycles, or seasonally. As a result, a student with bipolar disorder may have difficulty concentrating and remembering assignments, understanding assignments with complex directions, or reading and comprehending long, written passages of text. Students may experience episodes of overwhelming emotion such as sadness, embarrassment, or rage. They may also have poor social skills and have difficulty getting along with their peers.

Students may have fluctuations in cognitive abilities. They often have an impaired ability to plan, organize, concentrate, and use abstract reasoning. These students may experience heightened sensitivity to perceived criticism, are easily frustrated and may cry for no apparent reason, or they may be seemingly inconsolable when distressed. Students may also have inflated self-esteem. They may over-estimate their abilities. A student might believe, for example, that they are the smartest kid in the whole school. Teachers may notice how irrational these students seem to be, and that trying to reason with them often doesn't work. Most of the students with bipolar disorder experience extremely high levels of anxiety that interfere with their ability to logically assess a situation.

Many students with bipolar disorder will be on medications that can affect their ability to think clearly or lead to physically uncomfortable side effects that interfere with school performance.

Instructional Strategies and Classroom Accommodations

- Provide the student with recorded books as an alternative to self-reading when the student's concentration is low.
- Break assigned reading into manageable segments and monitor the student's progress, checking comprehension periodically.
- Devise a flexible curriculum that accommodates the sometimes rapid changes in the student's ability to perform consistently in school.
- When energy is low, reduce academic demands; when energy is high, increase opportunities for achievement.
- Identify a place where the student can go for privacy until he or she regains self-control.
- Create a plan for students to calm themselves, such as listening to soothing music, drawing, or walking. Be sure to practice the plan with the student in advance.
- Accommodate late arrival due to inability to awaken—this may be a medication side effect or a seasonal problem.
- Adjust the homework load to prevent the student from becoming overwhelmed.
- Allow students to discreetly attend to physical discomforts caused by medication side effects, for example a student's excessive thirst may lead to the need for frequent bathroom breaks.
- Provide training that targets communication skills or problem-solving skills.
- Ask parents or the student's physician about the student's mood cycles, and adapt curriculum, activities, or classroom supports as needed.

*For additional suggestions on classroom strategies and modifications, see *An Educator's Guide to Children's Mental Health* chapter on Meeting the Needs of All Students.*