

# iDecide



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## Pupils with Mental Health Difficulties

### Bipolar Disorder



Erasmus+

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## Bipolar Disorder



### Classroom-based tips (focus on instructional methods)

1. **Work with the parents to identify behaviour patterns that can help in handling specific situations.** Teachers need to know of changes in home life and medication as these may cause a change in the pupil's behaviour in class. Any mention by the pupil of wishing to do harm to themselves must be reported immediately to parents and mental health services.
2. **Give pupils with Bipolar Disorder preferential seating near model pupils or friends, and with few nearby distractions.** They may also need extra space to allow them to pace or move around. They should also be seated close by the teacher to allow for frequent checking in to help keep them on track.
3. Shorten assignments and homework to focus on quality and not quantity. Pupils who suffer from Bipolar Disorder often have co-occurring learning disabilities. Even in stable moods pupils may have difficulty paying attention, recalling information, problem-solving and with hand-eye coordination. Large assignments should be broken into smaller segments and more time given if required. Always take into consideration individual difficulties and abilities and always consider the opinion of the individual pupil.
4. **Schedule the most challenging tasks at a time of the day that best allows the pupil to perform.** Bipolar Disorder can cause issues with tiredness and hunger. Organising stimulating activities early in the day can help peak interest.
5. **Be flexible in your approach as many tried and tested strategies may not work consistently with pupils suffering Bipolar Disorder.** This is due to the frequent mood shifts that the pupil may experience. Be prepared to employ a variety of approaches as this will improve the likelihood of success.
6. **Assign physical tasks and hands-on projects at times the pupil presents as manic.** Having an intervention strategy like this can help employ the pupil's energy in a constructive manner. Provide opportunities for the pupil to move around during class, work on computers and participate in interactive projects.
7. **Give pupils with Bipolar Disorder permission to be late if necessary.** Pupils may over sleep at times of depression. Many children experience side effects from medication, including sleepiness, thirst, frequent urination or constant hunger. These can also lead to timekeeping issues.
8. **Stay in regular contact with parents on their child's progress.** This can be done via a notebook that goes back and forth to school with the pupil, or a daily chart or e-mail that records successes, progress, difficulties, and mood information. Parents can then reinforce and support the teacher and the child. Parents can also spot trends in the

child's illness and respond before problems reach a crisis. They should inform teachers of any unusual stressors at home, and of any changes in medication.

9. **Be aware of some of the side effects that medications may cause.** Medications to manage the illness can cause cognitive dulling, sleepiness, slurring of speech, memory recall difficulties and physical discomfort such as nausea and excessive thirst. There may also be times of adjustment for the pupil when medications are changed.
10. **Reward positive behavior with praise and privileges but do not set up a reward system in advance.** Programs that reward the pupil for positive behavior, while punishing negative behaviors set the pupil up for failure, raising stress. Punishing a pupil with bipolar disorder for a fit of anger is akin to punishing an asthmatic pupil for an asthma attack. Present to your class a lesson about differences and acceptance with the cooperation of your school psychologist or Student Support Team.
11. **Establish a Safe Person/Place that the pupil can go to when feeling overwhelmed.** This safe place should be a private location away from peers or other staff. Sometimes the pupil may simply need to take a walk, allowing for the time and space needed for self-composure. Make arrangements in advance that do not call undue attention to the pupil. Designate a mentor, preferably a specialised staff member, a staff member that the pupil feels comfortable with, or even a fellow or older pupil.
12. **Modify tests to multiple-choice or matching rather than open-ended questions.** It might also help to offer an alternative type of assignment to reduce the stress of test-taking. Keep in mind that these depend on the pupil's abilities and difficulties.

[Reference : CABF, 2007]



## School-based practical tips (focus on instructional methods)

### Announcement / Sign at School

**Include mental health awareness and education campaigns as a regular feature of school life, utilising national campaigns and the expertise of outside agencies.** Educate peers and staff on Bipolar Disorder to help destigmatise and encourage understanding of the condition, while facilitating the needs of the child to be met.

### Class Divisions / Arrangements

**Make special accommodations if necessary for pupils with Bipolar Disorder at exam time in order to provide them with additional time to complete what is required.** Suitable accommodations may include modified times constraints, oral testing or a scribe, use of multiple-choice questioning, testing away from other pupils or offering an alternative type of assignment to reduce the stress of testing.

(Calhoun and Dickerson Mayes, 2005)

## Community

1. **Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils effectively.** Student Support Teams are responsible for ensuring that systems, policies and procedures to help pupils with support needs are in place. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.  
(CABF 2007 & Department of Education and Skills, Ireland Guidelines)
2. **Establish an effective system of communication with parents/guardians.** It is critical to work closely with the pupil's family to understand the symptoms and course of the illness. Teachers and school personnel also need to know about changes in the child's home life or medication in order to work around them constructively at school.  
(CABF 2007)
3. **Include mental health awareness and education campaigns as a regular feature of school life, utilising national campaigns and the expertise of outside agencies.** Educate peers and staff on Bipolar Disorder to help destigmatise and encourage understanding of the condition, while facilitating the needs of the child to be met.

## Curricular Adaptations

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(Calhoun and Dickerson Mayes, 2005)

## Discipline

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(CABF 2007 & Department of Education and Skills, Ireland Guidelines)

## Educational Visits / Field Trips / Camps / School Exchanges / Trips Abroad

1. Ensure supervision of pupils with Bipolar Disorder at all times. It may be necessary to have one-to-one supervision, not only in class but also at breaks and during trips. (CABF 2007)

2. **Include mental health awareness and education campaigns as a regular feature of school life, utilising national campaigns and the expertise of outside agencies.** Educate peers and staff on Bipolar Disorder to help destigmatise and encourage understanding of the condition, while facilitating the needs of the child to be met.

## Parents / Parents' Associations

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(CABF 2007)

## Safety

1. **Establish a Safe Person and Safe Place in the school for times when the pupil feels overwhelmed.** Ideally this person should be a school counsellor or another suitably qualified person. The location should be adequately private to be away from the unnecessary attention of other staff and pupils. Policies and Procedures for the use of this space should be developed and all relevant stakeholders informed. (CABF 2007)
2. Ensure supervision of pupils with Bipolar Disorder at all times. It may be necessary to have one-to-one supervision, not only in class but also at breaks and during trips. (CABF 2007)
3. **Develop a school Mental Health Policy to ensure that mental health and wellbeing are promoted.** This policy should inform all relevant decisions on procedures and systems relating to pupil wellbeing. Ensure that the needs of pupils suffering from Bipolar Disorder are reflected in these policies and procedures.
4. **Make Child Protection Policies and Procedures available to all teachers, staff, pupils and parents, and ensure that they are followed at all times.**

## Scheduling Events

**Include mental health awareness and education campaigns as a regular feature of school life, utilising national campaigns and the expertise of outside agencies.** Educate peers and staff on Bipolar Disorder to help destigmatise and encourage understanding of the condition, while facilitating the needs of the child to be met.

## School Breaks

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## School Celebrations / Events / Activities

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## School Projects

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## Pupil Support

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relating to pupil wellbeing. Ensure that the needs of pupils suffering from Bipolar Disorder are reflected in these policies and procedures.

6. **Make Child Protection Policies and Procedures available to all teachers, staff, pupils and parents, and ensure that they are followed at all times.**

## Teacher Professional Development

1. Train your teachers in ways of coping with the challenges presented by pupils with Bipolar Disorder and in ways of engaging with these pupils in a positive, constructive manner. Training should include nonviolent crisis prevention, focusing on verbal de-escalation techniques, to avoid crises and special educational needs. Consult with the Student Support Team for their input. (David E. McIntosh and Jeffrey S. Trotter, 2006 & CABF 2007)
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## Timetabling

1. **Establish a Safe Person and Safe Place in the school for times when the pupil feels overwhelmed.** Ideally this person should be a school counsellor or another suitably qualified person. The location should be adequately private to be away from the unnecessary attention of other staff and pupils. Policies and Procedures for the use of this space should be developed and all relevant stakeholders informed. (CABF 2007)
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## Supportive Literature

Bipolar disorder is a biological brain disorder causing severe fluctuations in mood, energy, thinking and behavior. It was previously known as manic depression, as it causes moods to shift between mania and depression.

It affects men and women equally. It can occur at any age but is usually seen in late teens to early adulthood, and affects people from all walks of life.

The exact cause of bipolar disorder is not known; however, research has indicated that genetic, biological and environmental factors all seem to play a part.

Children, whose symptoms present differently than those of adults, can experience severe and sudden mood changes many times a day. Symptoms of mania and depression can also occur simultaneously.

Young people with this disorder are frequently anxious and have very low frustration tolerance.

Depressed children may not appear to be sad. Instead symptoms that they present with may include:

- being withdrawn
- not wanting to play
- needing more sleep than usual
- displaying chronic irritability
- crying for no obvious reason
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Children may also talk of wishing to die and may need to be hospitalised to prevent harm to themselves or others.

Symptoms of mania in a child may include:

- elation
- grandiose thinking
- racing thoughts
- pressured speech
- hypersexuality
- decreased need for sleep

Since hyperactivity can be seen in both bipolar disorder and ADHD, a growing number of researchers believe that many children who are diagnosed with “severe ADHD” may actually have undiagnosed bipolar disorder.

Bipolar disorder is a chronic, lifetime condition that can be managed, but not cured, with medication and lifestyle changes. Because the symptoms wax and wane on their own, and children’s bodies change as they grow, managing medication to ensure continued stability is a complex and ongoing challenge.

Other commonly seen behaviours in children with Bipolar Disorder may include:

- Rapidly changing moods lasting a few minutes to a few days
- explosive, lengthy, and often destructive rages
- separation anxiety
- defiance of authority
- hyperactivity, agitation and distractibility
- sleeping too little or too much
- night terrors
- strong and frequent cravings, often for carbohydrates and sweets
- excessive involvement in multiple projects and activities
- impaired judgment, impulsivity, racing thoughts and pressure to keep talking
- dare devil behaviours
- inappropriate or precocious sexual behaviour



- delusions and hallucinations
- grandiose belief in personal abilities that defy the laws of logic
- knows more than the teacher or principal
- extreme irritability

Medications to manage the illness can cause cognitive dulling, sleepiness, slurring of speech, memory recall difficulties and physical discomfort such as nausea and excessive thirst.

Source: Educating the Child with Bipolar Disorder (CABF, 2007)

## Websites and EU Reports

Educating the Child with Bipolar Disorder, CABF 2007

<https://www.mysciencework.com/publication/download/8a6c4ee4e80941d27444c6e6332feddc/6e668b61617fe2e48892afd81763d88b>

Bipolar Disorder in Children and Teens, National Institute of Mental Health

<https://www.nimh.nih.gov/health/publications/bipolar-disorder-in-children-and-teens/index.shtml>

ReachOut.com is an online youth mental health service.

<http://ie.reachout.com/inform-yourself/depression/bipolar-disorder/>

Aware: Bipolar Disorder

<https://www.aware.ie/help/information/literature/bipolar-disorder/>

## References

Calhoun, S. and Dickerson Mayes, S., (2005) *Processing Speed In Children With Clinical Disorders*, *Psychology in the Schools*, 42(4), 333-343

Mcintosh, D. and Trotter, J., (2006). *Early Onset Bipolar Spectrum Disorder: Psychopharmacological, Psychological, And Educational Management*, *Psychology in the Schools*, 43(4), 451-460

Schlozman, S., (2002). *An Explosive Debate: The Bipolar Child*, *Educational Leadership*, 60(3), 89-90

Noggle, C., (2009). *Atypical And Typical Antipsychotics In The Schools*, *Psychology in the Schools*, 46(9), 869-884,

### Useful Documents

*Behaviour Support Classroom: Best Practice Guidelines*

*National Behaviour Support Service*

*Student Support Teams in Post-Primary Schools: A Guide to Establishing a Team or Reviewing and Existing Team*  
Department of Education and Skills & National Educational Psychological Service