Preventing bipolar relapse with web therapy

“I tend to think I am in a film - it’s like The Truman Show. I’m the star of the film, off on my own planet.

"It's quite pleasurable for me, but a bit strange for other people."

Michael, 29, from Cheshire, was diagnosed with bipolar disorder after experiencing these feelings during his "most severe high" while travelling after university.

A spell in hospital a few years ago led to weekly sessions of therapy for a year which helped him manage the impact mood has on his life.

But research into web therapy being carried out at Lancaster University may hold the key to ensuring he does not relapse.

As a teenager, Michael had noticeable mood swings to the extent that his GP thought he had ADHD (attention deficit hyperactivity disorder).

But it wasn’t until 2007 that he could put a name to the periods of mania which characterise his type of bipolar disorder.

Stabilising his moods and controlling the triggers for his condition are a daily challenge, and yet being bipolar is clearly part of who he is.

"I'm a very productive person. I have to keep busy and stimulated. People say I'm like a machine sometimes."

Many jobs

Michael has had 30 or 40 jobs since he was 16. He currently combines three different part-time jobs and he writes poetry and tutors in English during his spare time.

He can experience weeks of low mood too, but the extreme highs tend to dominate.

Michael says having access to an online psychological resource which has been developed by a research team at the Spectrum Centre for Mental Health Research in Lancaster was invaluable because he could tailor it to his own needs.

Prof Steve Jones, who heads the Spectrum Centre, says web therapy provides an alternative to traditional face-to-face therapies which few people with bipolar actually access.

A controlled trial of 100 people with bipolar, half of whom used the interactive web tool, has produced some encouraging findings, he says.
"We provided them with information about what the disorder is and strategies to improve their mood, then we looked at their experiences of recovery and getting on with their lives.

"There was a significant increase in people's self-reported recovery. They also felt more positive and optimistic."

The Spectrum Centre team are currently conducting a further online study to enhance relapse prevention in adults.

Limited knowledge

Prof Jones puts the success of web therapy down to a limited knowledge of bipolar disorder among GPs and other medical professionals which means there is often a delay in diagnosis and a lack of information about the nature of the disorder.

"It still takes 10 to 15 years to get a diagnosis in most cases," he says.

"Some clinicians will just tell people what to do without giving any rationale why. As a result people are half-hearted about the treatment and it doesn't seem to work because they don't know what's in it for them."

By giving individuals more information they in turn gain more autonomy and can learn to manage their own symptoms.

Offering it online makes it accessible to more people too.

Michael has given his boyfriend and his family access to the online resource so that they can support him in managing his disorder - something he says has been beneficial to them as well.

He says being able to keep his bipolar disorder under control has meant making simple changes to his life.

"If I need to eat, I just need to go and do it. If I need to take a break from work, I have to take one.

"When it's mental health, you can't regulate emotions."

He also tries to maintain a routine and a good work-life balance.

Another study being carried out at the Centre will look at how best to help parents with bipolar disorder.

"If you are living with a disorder characterised by instability then parenting becomes much more of a challenge than for the rest of us," explains Prof Jones.

By creating a multi-media resource for people to increase their confidence in parenting, the aim is to encourage more stable parenting too.

The knock-on effect may be that their own moods are stabilised and their children become less likely to develop the same bipolar symptoms, which evidence shows is possible in families.