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Mini Review

Management of bipolar disorder at work

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Abstract

Bipolar disorder can lead to problems at work, whether in social relationships or the difficulty of certain tasks. The aim of this article is to distinguish between the different challenges that bipolar patients must overcome. Whether it concerns working hours, teamwork, or the choice of profession. Advice is offered to bipolar people to help them in their work, but also what legal protections they are entitled to.

Introduction

Bipolar disorder is characterized by changes in mood, moving from periods of elevated mood, called manic or hypomanic episodes, to depressive episodes. This disorder can have a significant impact on a person's daily life, interpersonal relationships, professional career, and overall health [1]. Many patients find the mood swings episodes of Bipolar Disorder (BD) to be very disruptive at work. Approximately fifty percent of patients with BD suffer from work incapacity [2]. Incapacity for work (i.e., difficulty in working or carrying out normal work) in these patients is linked to a high recurrence of manic episodes, with having been hospitalized for more than three times in a psychiatric center (high-intensity episodes), and suffering from depressive symptomatology associated with a low cultural profile [3]. On the other hand, nicotine dependence can increase the work disability of the patient with bipolar disorder more than the actual depressive symptoms, because it is not possible to smoke during work [4].

It is worth remembering here:

- That the work is structured for the individual
- That it is particularly important for a bipolar patient

to look for a job that allows them to develop fruitful relationships

- That good quality care, well followed by the patient, is very important.

Bipolar disorder and professional challenges

Work can cause particular problems for people with bipolar disorder. Nearly nine in ten people with bipolar disorder said the illness affected their performance at work [5]. More than half said they thought they might need to change jobs or careers, which is more common than for people without bipolar disorder. Finally, many felt they were given less responsibility or denied promotions.

Left untreated, the disease can greatly affect relationships and job performance. However, treatment with medications associated or not with cognitive-behavioral therapy can resolve many problems [6]. In close collaboration with the psychiatrist, clinical psychologist, or general practitioner, one can learn to manage symptoms and find a balance that suits the work.

Bipolar disorder and work hours

Many people with bipolar disorder seek careers where work is intense for short periods of time. Although this may seem



like the ups and downs of the illness, it is often best to look for work with a regular schedule. Long or irregular working hours can affect job stability and performance. Shift work, or shift work with unpredictable or frequent disruptions to the sleep schedule can also disrupt mood [7].

Sometimes full-time work seems too difficult. If this is the case, it may be helpful to ask about flexible hours, a workload adapted to the patient's pace, the ability to work from home, or part-time work schedules. Whether at work or at other times of the day, such as sleeping, eating, and exercising, regular schedules may be the best policy. Structuring the schedule provides predictability, it also reduces stimulation and promotes organization and stability [8].

What are the best jobs for people with bipolar disorder?

There is no absolute ideal job for everyone who suffers from bipolar disorder. It is therefore important to think about this when considering applying for a job [9]:

- Working environment. Will we need a quiet space to concentrate?
- Program. Daytime hours are best for many people.
- Creativity. Many people with bipolar disorder find that they need creative outlets. Does the job involve creativity? Would this provide opportunities to pursue creative activities outside of work?

Find out about the terms and conditions related to employment:

- Functions.
- Usual hours.
- Skills, education, training, and diplomas required.
- Working conditions (such as physical demands or stress).
- Salary and benefits.
- Opportunities for advancement.

Tips for helping manage bipolar patients at work

To begin, you need to understand and know the symptoms of depression and mania [10]. This way we can manage them better. It is necessary to view challenges as learning experiences and advisable to look for opportunities to learn. You need to allow yourself plenty of time for big and small achievements, especially when you have persevered through difficult times [11].

Here are some other tips that can help manage bipolar disorder at work.

- To manage stress. Don't forget these tips at home too. It is important to have plenty of break time.
- Take regular breaks before you think you really need

them. This is especially important if stress levels increase.

- Try a relaxation exercise, such as deep breathing.
- Take a short walk around your home.
- Listen to relaxing music.
- Call loved ones but without excessively prolonging the telephone conversation.
- Make other changes for a healthy lifestyle.

In addition to managing stress well, it is important to exercise daily, get enough sleep, and eat balanced meals. If stress is affecting sleep, take steps to control it. Think about stress management techniques that have worked well in the past [12].

Develop team skills

How you handle conflict can make a difference. It helps to deal with problems as they arise, rather than letting them build up. Focus on the problem, rather than pointing the finger at the person causing the problem. At the same time, you should remain open to the ideas of others and try not to take constructive criticism as personal attacks. Providing feedback is necessary to help employees improve their skills and performance. It is easy to do so when the input is positive, but what do you do if you need to deliver critique or change the employee's behavior?

Connect with people and have a goal

It can help to remember that you are not defined by bipolarity and that work is not everything in life. Spend time with family and friends, plan fun get-togethers, and volunteer at a charity; all of this can help you find purpose [13].

To change job

Looking for a first job or finding a new one can help assess your skills, qualities, and life experiences. If you feel the need to change jobs or return to work after a sick leave, think that the work is necessary [14].

Various thoughts:

- Is it possible to work better alone than in a group?
- Having clear directives from others, rather than being autonomous?
- Need more breaks?
- What time of day are we most productive?
- Need a different type of job than the one currently held or held in the past?
- Asking these questions can help create the best work environment. Many people with bipolar disorder suffer from impulsivity. So whatever job you have, you have to



take your time to change. You must first talk about it at length with your family and your psychiatrist.

- You must be aware of the importance of regular and predictable sleep hours for the management of bipolar disorder, it would be good to discuss this with the manager(s) of your company to obtain adjustments to your schedules that are the most compatible with your sleep.

Talk about bipolarity at work?

To say or not to say: this can be the big question for bipolar people. It's a choice. There is still a stigma surrounding mental illness. Sharing medical information is very personal and private, one must determine who to share it with or not [15]. There is often no need to tell anyone at work about your condition. But in some circumstances, it can be helpful to have a conversation with a manager, such as when you have to leave work for medical appointments. Being open may be better than letting coworkers or the boss guess or be surprised by your absences. Can this help explain curious behavior from time to time? It's a double-edged sword, of course, but a human boss will better understand and accept the truth.

Before discussing absences or other accommodations that may be required, it may be helpful to educate the supervisor about bipolar disorder. A letter from the doctor or a brochure on the subject can help. You must also be sure to explain why the requested changes can help you become a more productive employee.

The best place to receive the employee's confidence seems to be the occupational physician, whether depending on the size of the company, inside or outside. He still needs to be trained in this pathology [16].

How does the law protect people with bipolar disorder at work?

Help may be necessary from the occupational physician to be better protected. Disability is defined as a depreciation that considerably limits one or more major life activities; requesting it is sometimes condemning oneself to a rupture of the social bond that is work, which is poorly compensated for by obtaining a disability pension.

Bipolar disorders can lead to periods of cessation of professional activity, due to frequent hospitalizations. Thus, several arrangements can be put in place:

- Therapeutic part-time offered by the doctor. This is a return to work, where as an employee, you also receive daily allowances. It is social security which decides on half-time, the amount and duration of daily allowances;
- Long-term leave (CLD) grants, in certain cases, a full salary for 3 to 5 years. Then half salary for 2 to 3 years. This provision concerns certain civil servants.
- A disability pension set up by social security. In fact, it grants disability status when sick leave exceeds 3

years. She then pays a pension calculated based on her previous salary. The patient can always work again, but the addition of the pension and the new salary must not exceed the amount of the reference salary.

Conclusion

People with bipolar disorder tend to do high-intensity, short-term, project-based jobs. While this may sound consistent with the "ups and downs" of illness, experts say patients with bipolar disorder should seek out jobs with a more fixed, regular schedule. Irregular or prolonged working hours can disrupt your stability and productivity. In addition, shift jobs, sudden or frequent changes in schedules, or frequent circadian disturbances can also negatively affect your mood.

However, sometimes full-time jobs can be challenging for people with bipolar disorder. Therefore, it is best to discuss with your boss about the amount of work that is suitable for your own pace, as well as working hours.

In general, regardless of work or other activities of the day, such as eating, resting, or exercising, a regular schedule is required. This will help you increase your ability to anticipate challenges and better manage the disease.

Bipolar disorder requires management that includes the patient's work. It is common for the latter to ask questions to the psychiatrist, asking him for advice. If the psychiatrist cannot replace the patient in making ultimate decisions, he can give useful advice when he knows the patient's personality better, in particular his ability to work in a team. Choices should be made when the patient is euthymic.

References

1. Bourin M, Bipolar disorder is now a more common disease to be treated Theranostics Brain Disorder. 2017; 1(3).
2. Grunze H, Born C. The Impact of Subsyndromal Bipolar Symptoms on Patient's Functionality and Quality of Life. Front Psychiatry. 2020 Jun 12;11:510. doi: 10.3389/fpsy.2020.00510. PMID: 32595531; PMCID: PMC7304232.
3. Arvilommi P, Pallaskorpi S, Linnaranta O, Suominen K, Leppämäki S, Valtonen H, Isometsä E. Long-term work disability due to type I and II bipolar disorder: findings of a six-year prospective study. Int J Bipolar Disord. 2022 Jul 11;10(1):19. doi: 10.1186/s40345-022-00264-6. PMID: 35811322; PMCID: PMC9271449.
4. Asharani PV, Ling Seet VA, Abdin E, Siva Kumar FD, Wang P, Roystonn K, Lee YY, Cetty L, Teh WL, Verma S, Mok YM, Fung DSS, Chong SA, Subramaniam M. Smoking and Mental Illness: Prevalence, Patterns and Correlates of Smoking and Smoking Cessation among Psychiatric Patients. Int J Environ Res Public Health. 2020 Aug 1;17(15):5571. doi: 10.3390/ijerph17155571. PMID: 32752263; PMCID: PMC7432787.
5. Michalak EE, Yatham LN, Maxwell V, Hale S, Lam RW. The impact of bipolar disorder upon work functioning: a qualitative analysis. Bipolar Disord. 2007 Feb-Mar;9(1-2):126-43. doi: 10.1111/j.1399-5618.2007.00436.x. PMID: 17391356.
6. Nestsiarovich A, Hurwitz NG, Nelson SJ, Crisanti AS, Kerner B, Kuntz MJ, Smith AN, Volesky E, Schroeter QL, DeShaw JL, Young SS, Obenchain RL, Krall RL, Jordan K, Fawcett J, Tohen M, Perkins DJ, Lambert CG. Systemic challenges in bipolar disorder management: A patient-centered approach. Bipolar Disord. 2017 Dec;19(8):676-688. doi: 10.1111/bdi.12547. Epub 2017 Sep 13. PMID: 28901625; PMCID: PMC5763323.



7. Rathbun-Grubb S. The lived Experience of work and career among individuals with bipolar disorder: A phenomenological study of discussion forum narratives The International Journal of Information Diversity & Inclusion (IJIDI). 2019; 3:20-44.
8. Dominiak M, Jażdżyk P, Antosik-Wójcińska AZ, Konopko M, Bieńkowski P, Świłłcicki Ł, Sienkiewicz-Jarosz H. The impact of bipolar spectrum disorders on professional functioning: A systematic review. Front Psychiatry. 2022 Aug 24;13:951008. doi: 10.3389/fpsyt.2022.951008. PMID: 36090375; PMCID: PMC9448890.
9. Aldinger F, Schulze TG. Environmental factors, life events, and trauma in the course of bipolar disorder. Psychiatry Clin Neurosci. 2017 Jan;71(1):6-17. doi: 10.1111/pcn.12433. Epub 2016 Sep 21. PMID: 27500795; PMCID: PMC7167807.
10. Bourin M. Psychoeducation of bipolar disorder patients and their relatives. Arch Depress Anxiety. 2018; 4(1): 001-002.
11. Simon GE, Ludman EJ, Unützer J, Operskalski BH, Bauer MS. Severity of mood symptoms and work productivity in people treated for bipolar disorder. Bipolar Disord. 2008 Sep;10(6):718-25. doi: 10.1111/j.1399-5618.2008.00581.x. PMID: 18837866.
12. Martínez-Camarillo S, Yoldi-Negrete M, Fresán-Orellana A, Ortega-Ortiz H, Becerra-Palars C. Work motivation in patients with bipolar disorder: Associated factors. Int J Soc Psychiatry. 2019 Jun;65(4):300-304. doi: 10.1177/0020764019842270. Epub 2019 Apr 12. PMID: 30977426.
13. Vayreda A, Antaki C. Social support and unsolicited advice in a bipolar disorder online forum. Qual Health Res. 2009 Jul;19(7):931-42. doi: 10.1177/1049732309338952. PMID: 19556400.
14. Marion-Paris E, Beetlestone E, Paris R, Bouhadfane M, Villa A, Lehucher-Michel MP. Job retention for people with bipolar disorder: A qualitative analysis. Scand J Psychol. 2023 Apr;64(2):171-178. doi: 10.1111/sjop.12876. Epub 2022 Oct 28. PMID: 36307913.
15. Hawke LD, Parikh SV, Michalak EE. Stigma and bipolar disorder: a review of the literature. J Affect Disord. 2013 Sep 5;150(2):181-91. doi: 10.1016/j.jad.2013.05.030. Epub 2013 Jun 10. PMID: 23759420.
16. Hawke LD, Michalak EE, Maxwell V, Parikh SV. Reducing stigma toward people with bipolar disorder: impact of a filmed theatrical intervention based on a personal narrative. Int J Soc Psychiatry. 2014 Dec;60(8):741-50. doi: 10.1177/0020764013513443. Epub 2013 Dec 18. PMID: 24351967.

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