

Information about Bipolar Affective Disorder

Bipolar affective disorder was once known as manic depression. 'Bipolar' describes the mood fluctuations that people with this condition may experience - the extremely elated mood (mania) to the very low mood (depression).

Common signs of mania include an elevated or 'high' mood, rapidly changing emotions and increased energy. People experiencing mania may be easily distracted and their conversation can jump rapidly from one topic to another.

People with bipolar affective disorder **also experience times of depression** when they may lose interest and pleasure in usual activities, and are tired and physically slow. They may feel worthless, guilty or that life is not worth living.

About one person out of every 100 will experience bipolar affective disorder. If a parent, brother or sister has it, the risk increases to about one or two in 10. It commonly begins between the ages of 15 and 40. Most people return to their usual level of functioning after times of illness, but about 20 to 30 percent will have some ongoing difficulties. With good care and support, people with bipolar affective disorder can lead full and enjoyable lives.

Treatment involves a number of important components, which can be tailored to the person's needs. The main components are medication and psychosocial treatments for the person's thinking, behaviour and relationships.

Ways staff can assist:

- Create an environment where students are encouraged to disclose their needs and seek appropriate support as required.
- Provide a clear structure for the course with explicit information about assessment, dates, and resources.
- Provide a safety net for students unable to attend or concentrate on lectures by making lecture material available on Cecil or in the Department.
- Flexible assignments (provide students with a range of ways to show their understanding and grasp of material).
- Flexible deadlines, or a system for extensions which reduces the amount of self-advocacy that the students need to undertake (with documentation of the impairment and possibly for the life of the subject).
- Know relevant support services on campus and in the community, and where appropriate, seek advice from them or encourage students to ask for help.

Disclosure is voluntary

Students may choose not to disclose their disability because they:

- Don't want special treatment, or want to see if they can cope alone.
- Fear discrimination.
- Feel embarrassed about asking for help.
- Want to get to know staff first, and then decide whether to disclose.

Information has been sourced from:

- Mental Health Foundation of New Zealand: www.mentalhealth.org.nz

The University of Auckland encourages partnerships between Faculties, student services and students, to support students achieve their academic potential.

CONTACTS FOR MORE INFORMATION OR SUPPORT

Student Disability Services

Room 036 Basement
ClockTower Building
22 Princes Street
Auckland
Ph: 09 373 7599 ext 82936
Fax: 09 308 2354
www.eo.auckland.ac.nz
www.disability.auckland.ac.nz
disabilities@auckland.ac.nz

University Medical Services

City Campus Clinic
Level 3, Student Commons Building
2 Alfred Street
Ph: 373 7599 ext 87681

Grafton Campus Clinic
The "White House"
151 Park Rd
Ph: 373 7599 ext 86962

Tamaki Campus Clinic (Registered Nurse Clinic only)
Building 730.110
Morrin Road
Ph: 373 7599 ext 86677

Epsom Campus Clinic
R Block, Gate 4
60 Epsom Avenue, Epsom
Ph: 373 7599 ext 48526

Student Learning Services

Ph: +64 9 373 7599 ext 88850
sls@auckland.ac.nz

Useful websites

www.mindnz.co.nz
www.flexiblelearning.auckland.ac.nz/calm

The University of Auckland encourages partnerships between Faculties, student services and students, to support students achieve their academic potential.