
The Case of Bipolar Disorder and Mental Health Issues through the lens of a College Student

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LIFE SKILLS MANAGEMENT

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The late-teen years are a vulnerable period for the onset of mental illness, whether you're at college or not, because of the way the adolescent brain develops and teenagers typically behave. Graduating from school, getting endless credits, and numerous personal issues may be very stressful. It is not uncommon when a pack of unresolved problems leads to depression. This is the first stage where you should keep your eyes peeled. Because up to one-third of the 3.4 million children and adolescents with depression in the US may be experiencing the early onset of bipolar disorder. That's why it's crucial to be able to recognize the signs of bipolar disorder.

Bipolar disorder involves atypical mood swings, polar mood disorders – episodes of mania, hypomania, and depression. It is associated with a surge of energy and the onset of devastation. These mood swings are very sharp, they cannot but be noticed by others. During an episode of mania, the mood is overly elevated, the person is hyperactive, literally gushing with ideas. Hypomania is similar to mania, but its manifestations are less pronounced. In this state, a person feels great, they are satisfied with their productivity. It is difficult for others to recognize the disorder in an elevated mood but friends and relatives may notice that something is wrong. During a depressive episode, a person feels unhappy and depressed, they have no hope that anything could improve in the future. The common symptoms include sadness, uncontrollable bouts of crying, feeling worthless and hopeless, excessive feelings of guilt, fatigue, anxiety sleep disturbance, isolation from loved ones and friends, and changes in eating habits (increased or decreased appetite). It's considered normal for anyone to experience the above symptoms to some degree occasionally. The symptoms of bipolar disorder are still stronger and can be seen daily for at least 1 week.

Mental health problems are very common among college students. This may be due to the fact that attending college corresponds to a challenging time for many traditional and non-traditional undergraduate students. Traditional college students start college after completing high school, are typically younger, depend on parents for financial support, and do not work or work part-time. Thus, in addition to stress related to academic load, these students may have to face the task of taking on more adult-like responsibilities without having yet mastered the skills and cognitive maturity of adulthood. For example, many traditional college students may face potentially stressful experiences for the first time including working, being in a significant relationship that may lead to marriage, or having housemates with cultures and belief systems different from their own. In these contexts, many college

students may experience the persistence, exacerbation, or first onset of mental health and substance use problems while possibly receiving no or inadequate treatment.

With the increasing recognition of child mental health issues and the use of more psychotropic medications, the number of young adults with mental health problems entering college has significantly increased. For example, in a survey of 274 institutions by Gallagher R, 88 % of counselling centre directors reported an increase in “severe” psychological problems over the previous 5 years including learning disabilities, self-injury incidents, eating disorders, substance use, and sexual assaults. Thus, there is an increase in demand for counselling and specialized services. However, the increase in demand has not always corresponded to an increase in staff. In particular, counselling centres are in need of psychiatrists with expertise in treating traditional as well as non-traditional college students, two groups with specific age-related characteristics and challenges.

Most mental health disorders have their peak onset during young adulthood. Kessler in their study observed that by the age of 25 years, 75% of those who will have a mental health disorder have had their first onset. Among traditional students, the significant disruptions associated with attending college may exacerbate current psychopathology that first manifested in childhood and/or trigger its first onset. Similarly, non-traditional students who may have to attend to the demands of their numerous roles (work and family) may experience an exacerbation of their symptoms or a relapse. The onset of bipolar disorder (BAD) appears to follow a similar trend. Approximately 3.2 % of college students meet the criteria for BAD.

Bipolar disorder can deteriorate significantly during college years. Bipolar college students are away from home for the first time, leading to adjustment issues such as loneliness, changes in sleep schedule, daily habits, and the abuse of drugs or alcohol. Bipolar college students usually have difficulty concentrating. Impaired memory and racing thoughts may aggravate the situation. Physical agitation makes learners get easily distracted and jump from one task to another. As a result, productivity often suffers. Experiencing physical or mental pressure is a common motive to worsen maniac, hypomanic, or depressive states. This makes it difficult to cope with developing symptoms including sleep disorders or loss of interest in college.

The early identification and treatment of psychopathology and substance use disorders impact the ultimate trajectory and sequelae of the disorders. With regard to bipolar disorder, it has been shown that the recurrence of episodes is associated with progressive loss of brain volume, that with the progression of the disease patients respond less to both pharmacotherapy and psychotherapy and that early intervention may be neuroprotective. It has, therefore, been suggested to implement an “energetic broad-based treatment” during the first onset of bipolar disorder to change its trajectory

Bipolar disorder doesn't get better on its own. Getting treatment from a mental health professional can help students get their symptoms under control. Bipolar college students can get support and treatment in many ways. Counselling is a very valuable tool in coping with Bipolar Disorder. Talk therapies can help the individual with bipolar disorder to stabilize daily routines, deal effectively with stress, be vigilant of encroaching symptoms, and develop effective methods of communicating. Students with bipolar disorder may get support in online groups (e.g. HealthfulChat, bphope). Such sites may include articles, forums, blogs, videos, and chat rooms to raise awareness, share experiences, and provide peer support. Mobile apps help students with bipolar disorder and other mental health issues manage their behaviour. Using apps like SAM, MoodPanda, and RescueTime help manage mental well-being, track your mood, and be more focused and productive.

In conclusion, Bipolar disorder is a relatively common mental disorder that often has its onset during the college years. This means that students simultaneously face both the challenge of late adolescent development and the challenge of adapting to a major mental illness. As a further complication, the college environment is not well suited to the kinds of lifestyle changes that add stability to the lives of people with bipolar disorder. Therefore, both the health care provider and student can use the culture of learning and self-discovery in the college setting to the treatment's benefit. As well, the provider can use the time-limited nature of college to lessen ambivalence about making long-term changes.