Exploring the Societal Understanding and Perceptions of Bipolar Disorder in Bangkok.

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Abstract
Objectives: To stop the spreading of misconceptions, to help provide accurate information and to find out which generation has the most accurate knowledge and assumptions toward bipolar disorder in Bangkok.
Methods: An investigatory questionnaire survey created to explore and examine the societal understanding and perceptions of Bipolar Disorder in Bangkok, Thailand, in the year 2023.
Results: Generation Z has the highest maximum and minimum score while Generation X has the lowest maximum and minimum score.
Conclusion: This survey revealed the understanding and perceptions of Bipolar Disorder among Thais in Bangkok. Results showed similar knowledge and understanding levels across generations. Most participants were generally aware of the triggers that could cause Bipolar Disorder, but were lacking in knowledge concerning the five categories of Bipolar Disorder. This research also seeks to elevate awareness and accurate perceptions of Bipolar Disorder in order to promote a positive shift in how society approaches and supports individuals living with this condition.

Keywords: Bipolar Disorder, Generations, Awareness, Bangkok

Introduction

Bipolar disorder is a mental health condition that directly affects the minds of those diagnosed. Individuals with bipolar disorder experience distinct phases of symptoms, including manic, hypomanic and depressive episodes. These phases bring about significant distress, impacting not only the individual but also their surroundings. Furthermore, there is a potential risk of bipolar disorder being passed on to others. This disorder can affect anyone regardless of gender or age, and it is often observed in individuals with a family history of the condition. Beyond genetic factors, environmental circumstances and traumatic experiences can also significantly influence an individual's mental health and increase the risk of Bipolar Disorder Approximately 1.5-5% of the Thai population receives a diagnosis of bipolar disorder. Given Bangkok's high concentration of workers and students, it is possible that there could be an increase in the number of cases. Bipolar Disorder can be triggered by factors such as stress and sleep deprivation, with overworking being a significant contributor. Prioritizing self-care, therefore, is crucial in preventing the cause of bipolar disorder.

Some individuals with misconceptions and misunderstandings about Bipolar Disorder in Thai society often assume that people with fluctuating moods may have Bipolar Disorder. Consequently, misleading information was widely spread among Thais. However, the research's purposes are to correct misconceptions and promote accurate information. From the above mentioned, a proper diagnosis of bipolar disorder involves experiencing distinct symptoms, including manic, hypomanic, and depressive episodes. It is important to clarify that bipolar disorder is often mistaken as DID, or

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dissociative identity disorder, which is a separate condition since they share some similarities as mental health conditions.

Research on bipolar disorder in Bangkok has revealed varying levels of knowledge in different generations. The primary aim of this research is to raise awareness and serve accurate information about bipolar disorder to everyone. Additionally, it seeks to provide a valuable resource for the next generation who have an interest in understanding this condition.

Methodology

This chapter is about the various research methodologies and research methods that had been used throughout the process of this research. Part of these research methodology and research methods had been through the discussion and researching with additional advice from the teacher and psychologist.

The research methodology that has been used is quantitative research, in which the results are counted by scores from the google form quiz about bipolar disorder. The google form quiz had been divided into 5 sections, consisting of "Background information of participants," "Factors of bipolar disorder," "Symptoms of bipolar disorder," "Impact of bipolar disorder on wellbeing," and "Treatments and preventions." The questionnaire had been divided into 5 sections, in order to specify each element and to make it easier for participants to understand what the question was about. Each section contains about 2 to 7 questions. The total number of questions is 23 questions but only 19 questions will be scored since the other 4 questions are only for background information of the participants.

Once the topic and objectives had been set, the next thing to do is gather information about bipolar disorder. Then, categorized the information into 4 categories; factors, symptoms, treatments, and impacts on well-being. Part of the questionnaire was created

based on the information from The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Additional materials and references were included from Hospitals' websites, NIH, BMC, and many reliable sources in order to get the most accurate information for the questionnaire and the research.

The purpose of the questionnaire is not only to collect data, but also to raise awareness of bipolar disorder for every participant. Hence, there will be cursory information and citations for any participants who want to study further.

The sample population goal is 320 participants which will be divided into 4 generations; Baby Boomer, Generation X, Generation Y (or Millennial), and Generation Z. Each generation should receive around 80 responses. However, due to the unexpected circumstances, the number of responses is 265 which is quite less than expected. Not only that the number of responses is the problem but also the number of each generation that are too far apart. Owing to the infinitesimal number of baby boomer responses, their results will be cut out from this research.

The results will be evaluated with 7 criteria. Start off with which generation has the highest average of score along with the highest and the lowest score in each generation. The second criteria is the comparison between people who have had interaction with bipolar disorder patients and people who haven't. The third, the fourth, the fifth, and the sixth criterion are the most basic questions from each section. (section 2 to section 5) Now, for the last criteria is the question that got mistaken the most. Since, the question that gains the most accurate responses is the same question as the third criteria or the third table, there will be only 1 table that contains these 2 criterias. From the third criteria to the last criteria will be looked into each choice from each question in order to find the percentage of responses in each choice.

Results

Table 1: The comparison of the accuracy between each generations

Which generation are you classified in?	COUNTA of Which generation are you classified in?	COUNTA of Which generation are you classified in?	AVERAGE of Score	MAX of Score	MIN of Score
Baby Boomer Generation : (1946-1964)	17	6.42%	9 / 19	19 / 19	4 / 19
Generation X : (1965-1980)	116	43.77%	8 / 19	14 / 19	2 / 19
Generation Z or iGen : (1997-2010)	75	28.30%	8 / 19	19 / 19	4 / 19
Millennial Generation or Generation Y : (1981-1996)	57	21.51%	8 / 19	17 / 19	3 / 19
Grand Total	**265**	**100.00%**	**8 / 19**	**19 / 19**	**2 / 19**

Table 2 : The comparison of the accuracy between participants who had interacted with diagnosed bipolar disorder patients and participants who had never

	Yes			No			Grand Total		
	COUNTA of Have you ever interacted with diagnosed bipolar patients?	COUNTA of Have you ever interacted with diagnosed bipolar patients?	AVERAGE of Score	COUNTA of Have you ever interacted with diagnosed bipolar patients?	COUNTA of Have you ever interacted with diagnosed bipolar patients?	AVERAGE of Score	COUNTA of Have you ever interacted with diagnosed bipolar patients?	COUNTA of Have you ever interacted with diagnosed bipolar patients?	AVERAGE of
Which generatio n are you classified in?									

								Score
Baby Boomer Generation : (1946-1964)	6	2.26%	9 / 19	11	4.15%	9 / 19	17	6.42%	9 / 19
Generation X : (1965-1980)	30	11.32%	9 / 19	86	32.45%	7 / 19	116	43.77%	8 / 19
Generation Z or iGen : (1997-2010)	15	5.66%	8 / 19	60	22.64%	9 / 19	75	28.30%	8 / 19
Millennial Generation or Generation Y : (1981-1996)	20	7.55%	9 / 19	37	13.96%	7 / 19	57	21.51%	8 / 19

Grand Total	71	26.79%	9 / 19	194	73.21%	8 / 19	265	100.00%	8 / 19

Table 3 : The accuracy of the most basic question from section 2. (Question : How can bipolar disorder be triggered by?)

COUNT of Score / Which generation are you classified in?	How can bipolar disorder be triggered by?					
	Sleep disorder	Physical illness	all of the above	Stressful circumstances	Life-altering events	Grand Total
Baby Boomer Generation : (1946-1964)			82.35%	17.65%		100.00%
Generation X : (1965-1980)	0.86%		87.07%	7.76%	4.31%	100.00%
Generation Z or iGen : (1997-2010)			90.67%	4.00%	5.33%	100.00%
Millennial Generation or Generation Y : (1981-1996)		1.75%	89.47%	3.51%	5.26%	100.00%
Grand Total	**0.38%**	**0.38%**	**88.30%**	**6.42%**	**4.53%**	**100.00%**

Table 4 : The accuracy of the most basic question from section 3. (Question : What is the most severe bipolar disorder type?)

	What is the most severe				

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SUM of Score *Which generation are you classified in?*	*bipolar disorder type?*				
	Bipolar disorder type I	Bipolar disorder type II	Unspecified bipolar disorder	Cyclothymia	Grand Total
Baby Boomer Generation : (1946-1964)	23.97%		34.25%	41.78%	100.00%
Generation X : (1965-1980)	14.68%	5.59%	27.27%	52.46%	100.00%
Generation Z or iGen : (1997-2010)	23.85%	17.54%	5.85%	52.76%	100.00%
Millennial Generation or Generation Y : (1981-1996)	14.57%	13.23%	25.78%	46.41%	100.00%
Grand Total	**18.01%**	**10.34%**	**21.09%**	**50.56%**	**100.00%**

Table 5 : The accuracy of the most basic question from section 4. (Question : What is usually the first-line treatment for bipolar disorder?)

COUNTA of If there is any family members who have been diagnosed with bipolar disorder, does this increase the likelihood of you being diagnosed with bipolar disorder too?	*What is usually the first-line treatments for*				

Which generation are you classified in?	Physical therapy	ECT or other brain stimulation therapy	Psychotherapy or counseling	Mood stabilizers	Grand Total
Baby Boomer Generation : (1946-1964)			58.82%	41.18%	100.00%
Generation X : (1965-1980)		1.72%	35.34%	62.93%	100.00%
Generation Z or iGen : (1997-2010)	1.33%	4.00%	66.67%	28.00%	100.00%
Millennial Generation or Generation Y : (1981-1996)		5.26%	57.89%	36.84%	100.00%
Grand Total	**0.38%**	**3.02%**	**50.57%**	**46.04%**	**100.00%**

Table 6 : The accuracy of the most basic question from section 5. (Question : How to support or treat someone with bipolar disorder?)

How to support or treat someone with					

SUM of Score Which generation are you classified in?	bipolar disorder?				
	Be prepare for manic episodes	All of the above	Be open about bipolar disorder	Learn their warning signs and triggers	Grand Total
Baby Boomer Generation : (1946-1964)		100.00%			100.00%
Generation X : (1965-1980)	2.30%	87.19%	4.82%	5.70%	100.00%
Generation Z or iGen : (1997-2010)	3.32%	88.63%	7.42%	0.63%	100.00%
Millennial Generation or Generation Y : (1981-1996)		90.13%	7.17%	2.69%	100.00%
Grand Total	**1.96%**	**89.10%**	**5.75%**	**3.18%**	**100.00%**

Table 7 : The accuracy of the question that got mistaken the most. (Question : Which type of bipolar disorder causes manic episodes?)

SUM of Score Which generation are you classified in?	Which type of bipolar disorder causes manic episode?				
	Bipolar disorder I	Bipolar type disorder II	Unspecified type bipolar disorder	Cyclothymia Cyclothymia	Grand Total
Baby Boomer					

Generation : (1946-1964)	23.97%	5.48%	31.51%		39.04%	100.00%
Generation X : (1965-1980)	11.39%	9.20%	40.42%		38.99%	100.00%
Generation Z or iGen : (1997-2010)	30.65%	21.17%	15.48%		32.70%	100.00%
Millennial Generation or Generation Y : (1981-1996)	19.28%	11.88%	31.84%	1.57%	35.43%	100.00%
Grand Total	**19.60%**	**13.05%**	**30.64%**	**0.33%**	**36.39%**	**100.00%**

Discussion

The objective of this study is to explore the societal understanding of bipolar disorder through a collective research survey and to investigate the prevalent misunderstandings and misconceptions held by Thai people regarding the mental disorder's cause , impact, and treatment. In this research, we categorized participants into four major groups based on their age range, or, in other words, generations. Regrettably, due to logistical challenges, we were unable to secure a sufficient number of participants in the Baby Boomer Generation to take part in the study. Therefore, our primary focus is on Generation X, Generation Y, or the Millennial Generation, and Generation Z.

(Table 1). Notably, Generation Z received the highest maximum score of 19, while Generation X had the lowest maximum score of 14. Previous research (K. Latha et al, 2020) suggests that awareness of mental health is increasing with the effective use of digital media as a platform for disseminating. This could be implied that Generation Z gained higher maximum points due to their advantages of receiving and exploring informative contents on social media platforms. In addition, aside from the training and experience students and healthcare professionals have received, the impact and consequences of social media usage may also be the reason for the high levels of awareness about Bipolar Disorder's causes and treatments. (Fahad D Alosaimi et al., 2016)

(Table 2). In fact, out of 256 participants, 71, or approximately 26.79% of all participants, have contacted and communicated with diagnosed Bipolar Disorder patients. Specifically, 11.32% of the total responses from participants who have communicated with diagnosed Bipolar Disorder patients were from Generation X, which is the highest percentage among the participants who have communicated with Bipolar Disorder patients. There are many possible factors that determine this particular result. Firstly, the differences in their experiences since Generation X have significantly more opportunities and experiences with people throughout their lives. Secondly, given that Generation X populations consist of individuals who are typically part of the workforce, they have greater access to facilities, support systems, or services that could provide an accurate understanding of the disorder and prompt diagnosis from medical professionals. Furthermore, the complexities in diagnosis of Bipolar Disorder in each generation could possibly contribute to the result since diagnosis in children is more complex due to various factors such as brain development, emotions, and somatic symptoms that differ in ages. As reported by Erik

Parens and Josephine Johnston (2010), diagnosing psychiatric disorders in children can be more difficult and challenging than in adults. Not only because younger people have harder times noticing and describing their symptoms to medical professionals, but also because children and adolescents are in a period where their brains are rapidly developing and their moods are fluctuating.

(Table 3) The result shown in this table represents the key knowledge and insights among the factors and causes section. The question asked the participants to identify what is/ are the event that can trigger bipolar. Notably, 88.30% of the participants had answered the correct option; consequently, we can infer that most participants were aware of internal and external factors that are potential triggers of Bipolar Disorder likely due to the combination of education, media exposure, experience, and awareness.

(Table 4) The result shown in this table represents the key knowledge and insights among the Symptoms section. The participants were asked to identify which type of Bipolar Disorder is the most severe. Evidently, only 18.01% of the total participants answered correctly. In fact, this is the most mistaken question. Bipolar Disorder is one of the mental disorders that are classified. It is categorized into five types based on the pattern and severity of mood episodes experienced by individuals. Even though the classification is very important knowledge since it could be used in the process of patient assessment, diagnosis, and treatment, most participants were not able to differentiate the types of Bipolar Disorder.

(Table 5) The result shown in this table represents the key knowledge and insights in the Treatment and Prevention section. The question asked the participants to determine what the first-line treatment for Bipolar Disorder is. Only 46.04% of the participants had answered mood stabilizers, which is a correct response. Notably, most participants believed that psychotherapy or counseling is the first-line treatment; however, even though effective treatments for Bipolar Disorder include both psychotherapy and mood stabilizers, lithium, a mood stabilizing medicine, is considered the gold standard treatment for bipolar disorder. (Xabier Pérez de Mendiola et al, 2021) However, lithium treatments should be carefully regulated since there are some possible adverse effects. Given that the majority of participants chose

psychotherapy, we can assume many different reasons. Firstly, since psychotherapy is considered a non-invasive method for mental health treatments, it seems to be a safer alternative for many patients. Additionally, psychotherapy can also be used to prevent the mental disorder before it becomes more severe and chronic. Hence, it is essential to dispel any misconceptions surrounding Bipolar Disorder and promote accurate awareness of possible triggers to prevent the onset or exacerbation of this condition.

Conclusion

This survey is conducted to explore understanding and Perceptions of Bipolar Disorder among Thais in Bangkok. The knowledge and understanding were examined thoroughly based upon the questionnaire we created. The form consists of 5 sections toward Bipolar Disorder understanding, covering the participants' background information, factors, symptoms, impacts and treatments of Bipolar Disorder. The total number of questions is 23, but only 19 questions are scored. Hence, the research aims to find which generation in Bangkok has the most accurate knowledge and perceptions toward Bipolar Disorder. However, each generation provides a similar result in average of points, excluding baby boomers due to the insufficient quantity of answers. Notably, the results illustrated that most participants are aware of internal and external factors that are potential triggers of Bipolar Disorder. Thus, the question that asked about the event that can trigger Bipolar Disorder received the most accurate responses among all. Bipolar Disorder is categorized into 5 types by the pattern and severity of mood episodes experienced by individuals. Understanding the classification is important since it could be used in the process of patients assessment, diagnosis, and treatment. On the contrary, there are a significant number of participants who were not aware and understood the types of Bipolar Disorder. These are why having common knowledge of bipolar disorder is important since bipolar disorder is one of the significant problems in many countries, including Thailand. Thereupon, forgo some of our time to study a little bit more about bipolar disorder so that we can prevent the triggers of bipolar disorder patients.

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