



*Canadian Psychiatric
Research Foundation*

When Something's Wrong O

Ideas for Families

Mood Disorders

This section outlines two key mood disorders – Bipolar Affective Disorder and Depression – and provides families with some coping strategies for each. Both of these disorders are serious, long-term disorders that need to be carefully managed throughout a person's life.

Bipolar Affective Disorder or Bipolar Disorder, as it is also called in its mild form, is often not recognized as an illness, and people have suffered for years before being properly diagnosed and treated for it. Thus, there is a need to create more awareness of this disorder and its symptoms, so that a proper diagnosis can be made as early as possible. It is characterized by a person going back and forth between serious periods of depression and excessive "highs."

Depression is also a serious mood disorder. It is not something that a person has made up in his/her own head. It's more than just feeling "down in the dumps" or "blue" for a few days. This disorder is characterized by feeling "down" and "low" and "hopeless" for long periods of time, and is a disorder that needs treatment.

Unfortunately, many people with a mood disorder

(sometimes also called depressive illness) do not seek treatment, even though the great majority of them can be helped with the appropriate treatment. Risk for suicide and suicidal thinking is high in all mood disorders (see *Suicide* in this handbook).

Each of the above two mood disorders will be described in the following pages. **At the end of this section, treatment strategies are discussed and additional resources are listed.**

Bipolar Affective Disorder

Bipolar Affective Disorder or Bipolar Disorder (formerly known as Manic Depression) affects about one per cent of the population. It is a chronic medical condition that causes unusual shifts in a person's mood, energy, and ability to function. The symptoms of bipolar disorder are more severe than the normal ups and downs that every person goes through and commonly occur spontaneously (i.e., not necessarily brought on by stressful life events). A person with this disorder goes through serious periods of both depression and excessive highs (hypomania or manic periods).

Bipolar disorder typically develops in late adolescence or early adulthood. However, some people have their first symptoms during childhood, and some develop them late in life. The cause of the disorder is usually genetic transmission. In fact, over 50% of people diagnosed with the illness knew a relative who had suffered or was suffering from depression or bipolar disorder.

Bipolar disorder can be acute/active (in either depression or mania) or

inactive; when it is inactive, the person is said to be in a "level mood" or "in remission." Stressful life events can trigger its active state, but commonly these acute episodes begin spontaneously. Often, the first signs of bipolar disorder are severe depression and a suicide attempt during adolescence.

It is important to note that the disorder has a 10 to 15% suicide rate (please see *Suicide* section in this handbook), and those with the disorder need to receive comprehensive treatment as soon as possible. Fortunately, bipolar disorder can be treated, and people diagnosed with it can lead full and productive lives.

Depressive episodes:

- Intense feelings of sadness, hopelessness, worthlessness and guilt
- Social withdrawal from peers, loss of interest in usual activities
- Loss of confidence, trouble with memory and concentration, decline in school performance
- Anxiety, restlessness, difficulty making decisions
- Increased alcohol and/or drug abuse
- Thoughts of death or suicide or suicide attempts
- Weight loss, severe sleep difficulties or fatigue
- Hallucinations and delusions (sometimes)

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- If mood disorders such as depression or bipolar disorder run in the family, be especially aware of early warning signs of these disorders.

Behaviour Characteristics

Manic episodes:

- Increased energy, restlessness, decreased need for sleep, rapid speech
- Feelings of euphoria, inflated self-esteem
- Irritability, hypersensitivity to criticism, rapid mood changes
- Racing thoughts, poor judgement, overestimation of abilities, easily distracted
- Increased use of alcohol and drugs
- Increased sexual drive
- Denial that anything is wrong, fanciful ideas, unrealistic schemes
- Hallucinations and delusions (sometimes)

Coping Strategies

- Because there are strong genetic factors, there may be parental guilt. Don't blame yourself, but do take the problem seriously.
- Get professional help for your child since he/she will almost certainly not be able to achieve and maintain a level mood without medical help. Work closely with the doctor and others who work with your child (e.g., teacher, friends).
- In order to support your child, have everyone in your family learn as much about the illness as possible, what they can expect from it, and how to best support your child.
- Try not to take any rejection of your efforts personally. Remember, your child is dealing with distorted thinking and perceptions.
- Reassure your child that, with proper care, most people can live completely normal lives.
- Recognize that long-term treatment is necessary.
- Become familiar with the warning signs of relapse (i.e., when your child's symptoms start to worsen).

Coping Strategies

- Always encourage your child to share his/her feelings with you, and if you see signs of severe depression, or distorted or suicidal thinking and behaviour, get help immediately (i.e., go to the nearest emergency department or call a local distress centre or hotline).

Food Disorders

Depression

Some “depression” or sadness is a normal response to many of life’s trials and tribulations. It is normal for a child or adolescent to feel down from time to time, especially during life-changing events such as a death in the family or even the death of a cherished pet. Adolescent girls may suffer from pre-menstrual depression.

Clinical Depression, however, is very different than the natural sadness brought on by life’s trials and tribulations. Clinical depression is a “whole body” illness that involves the mood, thoughts and behaviours of a person. Depression normally begins during adolescence, affecting about five to eight per cent of youth. However, it can show up in children as well. It affects twice as many girls as boys and, unrecognized and untreated, depression is the most common cause of teen suicide (see *Suicide* section in this handbook). Clinical depression goes beyond “feeling blue” or feeling lost or disappointed. It is a disorder with a strong genetic component as well. Children, with a sibling and/or parent with clinical depression have about a 15% chance of developing the disorder themselves.

Girls who have a mother with major depression have up to a 40% risk for the disorder.

It is important to keep in mind that environmental factors such as stress brought on by family issues, the death of a loved one, physical or sexual abuse, divorce, moving to a new city, or a language or learning disability can trigger depressive feelings in young people, whether or not they are biologically vulnerable.

It is also important to note that in adolescents, clinical depression is often under-recognized because it can appear to others as general irritability or excessive moodiness, and adolescents will often isolate themselves from others. Friends and family may not be aware of the situation, unless they are aware of the symptoms of clinical depression.

Behaviour Characteristics

- ❑ Lasting sad, anxious, bleak or empty mood
- ❑ Increased irritability and/or agitation, aggressiveness, combativeness
- ❑ Lack of energy or excessive fatigue
- ❑ Voiced hopelessness; a negative outlook
- ❑ Loss of confidence
- ❑ Indecision; lack of concentration and/or forgetfulness
- ❑ Decrease in school grades, missed assignments
- ❑ Often wanting to stay in bed or at home
- ❑ Lack of interest in life, no sense of enjoyment
- ❑ Eating disturbance, weight loss or weight gain
- ❑ Significant sleep disturbances
- ❑ Social withdrawal from family and friends; social isolation
- ❑ Frequent physical complaints, such as headaches or stomach aches
- ❑ Being quiet, not wanting to talk to people
- ❑ Distorted, negative thinking (e.g., “My life is a total failure”).
- ❑ Suicidal writing or notes, or suicidal actions

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion if possible.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don’t compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child’s teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- If mood disorders run in the family (e.g., depression or bipolar disorder), be especially aware of early signs of these disorders.

Behaviour Characteristics

- May show addictive behaviour, such as heavy smoking, heavy drinking, heavy use of other drugs, or increased use of these substances

Coping Strategies

- Even if you are not sure that the symptoms are those of clinical depression, it can't hurt to talk to your doctor to check out the situation.
- If your child is diagnosed with depression, work closely with a mental health professional. The nature of depression (apathy, lethargy) may cause your child to resist treatment and creative strategies may need to be used.
- Treat your child in a sensitive manner since it is essential that he/she feel a sense of belonging.
- Remember, when your child is acting the most withdrawn, hostile and "grouchy", he/she needs your affection (e.g., a hug), love and support the most.
- Ask your child's teacher and friends if they have heard your child express any suicidal thoughts. If so, get professional help immediately.
- Always maintain regular, daily contact with your child, even if he/she requests to be alone. Keep open dialogue going as much as possible. Encourage him/her to talk about feelings.

Coping Strategies

- Encourage a healthy lifestyle, especially lots of physical exercise, which creates mood-enhancing hormones in the body.
- Don't compare your child to others; instead, make positive statements that reflect his/her own past successes. Together, write a book or diary on positive experiences and successes your child has had, and encourage him/her to read it at any time.
- Express lots of optimism to your child that he/she will again be able to lead a normal life.
- Try not to take it personally when your efforts appear to be rejected. Depression is associated with abnormal thinking patterns that make it very difficult for your child to respond with appreciation.
- Provide and encourage other expressive ways your child can communicate, such as journal writing, drawing, sports or dance classes.
- Have your child keep normal sleeping and eating patterns.
- Try to prevent your child from watching violent, gruesome, or morbid movies and shows.

Coping Strategies

- Have your child visualize steps he/she will take to accomplish a task. During visualization, work together to discuss potential obstacles and ways to deal with them.
- Develop an activity schedule with your child to structure the day.
- Talk to those who regularly come into contact with your child, and educate them on the disorder and the warning signs of suicidal thinking and behaviour.
- Watch for alcohol and/or drug abuse.

Disorders

Mood Disorders: Treatment and Resources

TREATMENT

A young person who appears to have a serious, undiagnosed mental disorder, such as bipolar affective disorder or depression, should be given a comprehensive evaluation by a specialist, such as a psychiatrist who specializes in working with youth who have mental disorders. An evaluation will rule out other disorders that have similar symptoms, such as impulse control disorders or schizophrenia, and will test for any co-occurring disorders, such as anxiety disorders. The process of diagnosis and treatment best involves parents, teachers, and other family members. In this way, health practitioners will then be able to recommend the best plan for treatment and follow-up.

There are many different types of treatment for mood disorders. These include psychotherapy (e.g., cognitive behavioural therapy), medication, electroconvulsive treatment, and others. Other possibly supportive interventions include family therapy, group therapy, massage, relaxation therapy and holistic or natural therapies. It is also important that a healthy lifestyle be followed, including appropriate exercise and nutrition.

Before beginning a course of treatment, it is essential that the child and parent understand which therapies have been demonstrated to be effective.

Regardless of the treatment decided upon, it is very important that the young person feel comfortable to share his/her thoughts and feelings with his/her doctor and/or therapist. A treatment plan should include the school, and ongoing consultations with the school are vitally important.

Most people who suffer from bipolar disorder or depression do respond well to treatment.

Particular attention to the possibility of suicide must be maintained.

RESOURCES

Child and Adolescent Bipolar Foundation

1187 Wilmette Avenue
P.M.B #331
Wilmette, IL 60091
Phone: (877) 927-5437 or
(847) 256-8525
Web: www.bpkids.org

Depression and Bipolar Support Alliance (DBSA)

730 N. Franklin Street, Suite 501
Chicago, IL 60610-7224
Phone: (312) 642-0049
Toll-free: 1-800- 826-3632 or
Web: www.DBSAAlliance.org

Depression and Related Affective Disorders Association (DRADA)

2330 West Joppa Road, Suite 100
Lutherville, MD 21093
Phone: (410) 583-2919
E-mail: drada@jhmi.edu
Web: www.drada.org

The Mood Disorders Society of Canada

3-304 Stone Road West, Suite 763
Guelph, ON N1G 4W4
Phone: (519) 824-5565
E-mail: info@mooddisorderscanada.ca
Web: www.mooddisorderscanada.ca

moods magazine

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Please also see *Resources* in the back of this handbook.

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