

BIPOLAR DEPRESSION

How does it affect
my child?



WHAT IS BIPOLAR DEPRESSION?

Bipolar Depression may feel (or appear to others) like any other type of depression most of the time. This is the reason Bipolar Depression is so difficult to diagnose. When a child or adolescent is not depressed he/she may appear to have many of the same symptoms present in Attention Deficit Hyperactivity Disorder (ADHD), anxiety and panic attacks, or temper problems. Substance abuse which often accompanies Bipolar Disorder, also clouds the diagnostic picture. Onset of depressive mood (between age 15 and 19) is associated with a later diagnosis of Bipolar type mood disorders. Another important factor is a genetic (family) history of mood symptoms. There are usually relatives who suffer from Bipolar Disorder; they may have been misdiagnosed with or actually have had schizophrenia, ADHD, OCD, anxiety, or panic attacks. Severe post-partum depression, which can lead to psychosis or depression, is especially diagnostic of Bipolar Depression.

Medications used for unipolar or typical depression and ADHD (such as anti-depressants and stimulants) can make Bipolar Depression much worse. Feeling immediately better (in less than a week), more irritable, or much more depressed after being given these medications may be a tip off that a child or adolescent may have a Bipolar Disorder.

TAKE ACTION

- While Bipolar Depression is generally associated with a genetic predisposition; **there is no need to assess blame.** Obviously no one wants to pass on any challenging emotional traits. Break the silence! It is important to have an updated and accurate family behavioral health and medical history. If you were called and told that a child was having a problem, and your relative needed family history either physical or emotional, would you help them? Of course!
- While family practitioners and pediatricians prescribe 75% of antidepressant medication, they may not have the time, nor the expertise to accurately diagnose childhood/adolescent Bipolar Disorder. **Contact your health insurance carrier's referral line.** Ask for a list of child and adolescent psychologists and/or psychiatrists in your area. Your family doctor can then help you select from this list or provide referrals to individuals he/she recommends.
- **If you do not have insurance or a family physician,** and worry that you cannot afford to seek treatment for your child, look for income based community mental health services by using the resources on the back of this flyer. Many churches and hospitals will also have referral sources for low-income families
- **If you believe your child may be Bipolar,** help them keep a regular sleep schedule. Adolescents that have bipolar depression sometimes can't sleep at all during the night and don't function during the day due to exhaustion. Use sleep as a gauge of your child's health.

- **Develop a family fitness and exercise program.** Exercise is a more effective antidote to depression than most antidepressants, but keep in mind that teenagers may not respond well to being dragged outside at 6:00 am. Start slowly and incrementally.
- **Communication is key.** Talk with your child/teenager honestly and openly. Address Bipolar Depression as you would any other issue that affects the family. If they are sensitive about you discussing this with certain individuals, respect their boundaries. Openly and non-judgmentally create an action plan to help your child handle their symptoms, including suicidal thoughts, while making an immediate effort to seek professional treatment. Do not be dissuaded if your teenager says “I feel better now,” or “never mind.” Follow through with your plan and professional treatment.
- **Prepare your response** to suicidal comments, hints, thoughts, or feelings should they be expressed. If suicide is mentioned convey that you won’t “freak out” and that it is ok to discuss these feeling with you. If you think you might fall apart and you don’t have a therapist yet, contact one of the suicide prevention lines provided below to prepare yourself. “What do I do if?” Most of the time a child being able to share their suicidal feeling goes a long way toward preventing them from acting on them. Having hope that they will get help soon is half the battle. Always take threats seriously.
- **The tendency to self medicate uncomfortable feelings often begins in childhood or adolescence.** In fact, approximately 40 to 80% of those eventually diagnosed with Bipolar Disorder have struggled with Substance Abuse. **It is important to have positive and open conversations about drugs and alcohol at a young age.** Drug testing may be a wonderful preventive tool; it gives your child a way to say, “NO, my parents randomly drug test me”. It also allows you to intervene early if there is a problem. A positive drug test may indicate the need to treat both Bipolar Depression and Substance Abuse.
- **Being diagnosed with Bipolar Depression is not a life sentence of misery.** When treated early and appropriately, there is no reason to expect that your child will not have a full and healthy life.
- **Become a credible and reliable resource!** If you question whether your child may be suffering from Bipolar Depression, review the resources below or go to your local library. Learn about the differences in unipolar and Bipolar Depression and how they impact children and teenagers.

SYMPTOMS:

- Periodic oversensitivity/irritability/agitation/anger/hostility/alienation
- Excessive tearfulness or crying
- Continual fatigue/lack of energy/no motivation
- Excessive feelings of sadness/hopelessness/inappropriate guilt
- Excessive withdrawal from family & friends/normal activities
- Increase/decrease in appetite/weight
- Changes in sleep patterns/not able to sleep or sleeping too much
- Inflated self-esteem/grandiosity/overspending
- Abuse of drugs/alcohol/gambling/sex
- Moodiness/mood swings
- Can’t stop talking/giddiness (without drug use)/not talking
- Noticeable drop in achievement/problems concentrating
- Preoccupation with death/dying

RESOURCES

notMYkid – Depression Self-injury
notmykid.org/depression-self-injury

Community Information & Referral Services
(602-263-8856)

Suicide/Crisis (Maricopa County): (480-784-1500)

HelpGuide.org - Teen Depression
www.helpguide.org/mental/depression_teen

Terros Crisis (602-222-9444)

Ivan Goldberg, M.D., Bipolar Children
http://www.psycom.net

Visit Jim Phelps, M.D. Bipolar Depression
www.PsychEducation.org

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**If a life-threatening emergency arises, contact 911
or go to the nearest emergency room**