

# UNDERSTANDING BIPOLAR DISORDER

## Caregiver: Get the Facts

What does it mean when a health care professional says “bipolar disorder”?



Hearing a health care professional say your youth or young adult has bipolar disorder can be confusing. The good news for you and your young adult is that the feelings and behaviors you have been concerned about are actually symptoms of a treatable disorder. By engaging in treatment and recovery, people with bipolar disorder can feel better and lead full, meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving toward wellness.



As a parent, learning that my child has a mental disorder brought a mixture of relief that I finally understand my child’s behavior and also questions about how to help my child.



—Jane, Parent

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that your youth or young adult may have bipolar disorder, it is important to seek a thorough evaluation. The evaluation includes talking about their symptoms, blood and urine tests, and perhaps other tests to ensure that there is no underlying medical condition that could be causing the symptoms. It is also important to ensure that your youth or young adult can tolerate medication, if recommended as part of the treatment plan.

### What do we mean by recovery?

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>1</sup>*

*Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.<sup>2</sup>*



Substance Abuse and Mental Health Services Administration

# SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

# What is bipolar disorder?

Bipolar disorder refers to a spectrum of disorders that involve unusual changes in mood, activity, and energy. These changes in mood or behavior are different than the typical “highs” and “lows” that all youth and young adults experience.

In bipolar disorder, the “highs” (sometimes called manic episodes or, in less severe cases, hypomanic episodes) are marked by a combination of symptoms. This may include:

- restlessness,
- irritability,
- excessive energy and activity,
- decreased need for sleep,
- rapid talking and racing thoughts,
- poor judgment and risky behavior,
- and a feeling that nothing can go wrong.

The “lows” (sometimes called depressive episodes) may involve feelings of:

- constant sadness or anxiety,
- changes in appetite or sleep patterns,
- low energy,
- restlessness,
- irritability,
- thoughts about death,
- and loss of interest in favorite or pleasurable activities.

A diagnosis of bipolar disorder means that the manic or depressive moods last at least a week, are present most of the day nearly every day, and seriously interfere with regular activities in school, at work, or in social situations. In between episodes, people return to their usual thoughts and behaviors.



Bipolar disorder is typically an ongoing and recurrent disorder. However, treatments that involve medications and other elements of an individualized treatment program can help your youth or young adult to be more resilient, manage symptoms, improve daily functioning, and help them to lead a full, meaningful life. An individualized treatment program can include positive family and peer support.

## What caused this?

Researchers and health care professionals do not completely understand what causes bipolar disorder. It is unlikely that a single factor causes bipolar disorder. It is most likely caused by a combination of things such as genetics, changes in the brain, and environmental factors. Traumatic experiences can also contribute to the development of psychiatric disorders. If your youth or young adult has experienced a traumatic incident, it is critical to share that information with their health care provider.

## Should I have known?

It is very difficult for parents and caregivers to know if their youth or young adult is acting like a typical youth or young adult, or if his or her moods and behaviors are symptoms of a disorder like bipolar disorder. Typical teenagers may be moody, and are reluctant sometimes to talk openly about emotions or behaviors. Perhaps you tried to ask questions, but were not able to get answers. Working with a trained health care professional is important to help your youth or young adult—and you—understand how to start moving forward.

## What do we mean by resilience?

*Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*

## What are the treatment approaches?

Bipolar disorder can be managed with a combination of medications, behavioral therapy, and family or peer support. You should discuss treatment options with your youth or young adult and their health care provider, and make decisions based on individual health goals and priorities. Youth or young adults of consenting age may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your child's health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to encourage good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. Understanding how treatment works will help you play an active role in your youth or young adult's recovery.

### *Medications*

Medications that regulate levels of chemical messengers in the brain can help manage many of the symptoms of bipolar disorder. Each person reacts differently to these medications. For that reason, the prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach. It is important to note that medications must be taken every day. Finding the best medication and the most effective dose may take time. In mild or moderate cases of bipolar disorder, the health care professional may not need to prescribe medication.

### *Therapy*

Behavioral therapy, cognitive behavioral therapy, or other forms of psychotherapy, (e.g., dialectical behavioral therapy, or DBT, has shown evidence of being effective for some of the symptoms associated with bipolar disorder) may be used alone or in combination with medications. Therapy also helps your youth or young adult develop behaviors and daily routines that can protect them from experiencing severe or prolonged symptoms.

### *Support*

Peer and family support are also important for people with bipolar disorder. Family members and caregivers with positive attitudes, and peers who are recovering from similar disorders, can be great assets to a comprehensive treatment team. As a partner on this team, you can help to identify problems early and provide important support and encouragement to help your youth or young adult comply with recommended medications. You can also help them stay focused on their recovery goals. Additionally, talking with other caregivers who also have a child diagnosed with bipolar disorder can help you to learn more and know what to expect. You may benefit from having someone further along in the process with whom to discuss your own questions, thoughts, and feelings.



**Educate yourself.**

**Learn about the diagnosis so you can make informed decisions when it comes to the treatment of your children.**

**Find someone, a support group, a family organization, some kind of support that understands the feelings you are having.**

**—Andrea, Parent**



### Is this my fault?

No, it is not. Decades of medical research provide evidence that bipolar and other mental disorders can be the result of a complex interaction of genetics and biological, environmental, social, physical, and emotional influences. None of the contributing factors alone are sufficient to cause a mental disorder. Your youth or young adult is not to blame and neither are you.



### How common is this disorder?

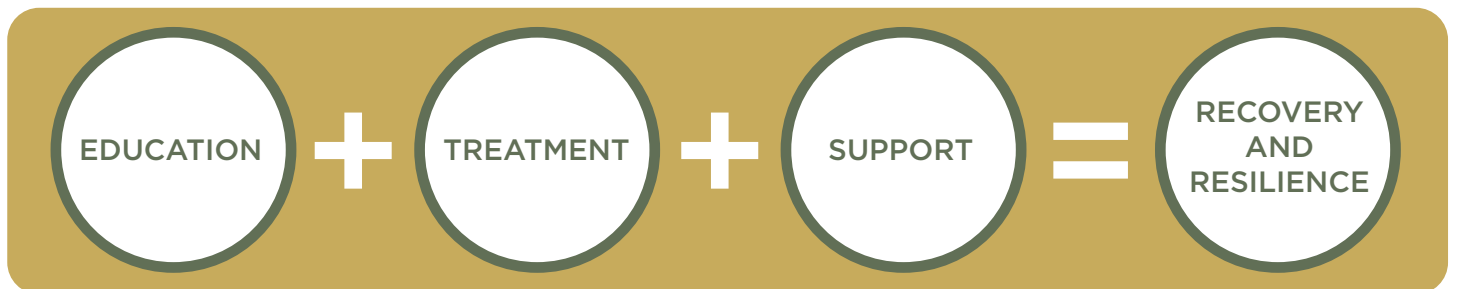
Data from the National Comorbidity Survey show that the rate of bipolar disorder among 15- to 29-year-olds is in the range of 3.1 percent to 7.0 percent.<sup>4</sup>



### How can I help?

Parents, caregivers, and family members can be important partners in treatment and recovery from bipolar disorder. You can play a major role by monitoring symptoms and responses to medication changes and encouraging your youth or young adult to stick with their treatment plan. Alert your health care providers about your youth or young adult's symptoms, such as any particular fears or phobias, including social situations, insomnia, or persistent low mood, as well as if they use drugs, excessive caffeine, nicotine, or alcohol. Seek help immediately if your youth or young adult has thoughts or plans of harming themselves or others (For more information, see the hotline and website below\*). There is significant evidence that your involvement can improve treatment outcomes. Your own self-care is also an important part of caring for a child with a mental health disorder. Self-care may include talking to your own mental health professional, friends, or family, as well as joining a local support group through the National Federation of Families for Children's Mental Health or the National Alliance on Mental Illness, exercising, getting a good night's sleep, or meditation.

\* National Suicide Prevention Lifeline: 1-800-273-TALK (8255). <http://www.suicidepreventionlifeline.org>



**Where can I  
learn more and  
get support?**

SAMHSA would like to thank the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, the American Psychiatric Association, and the Caring for Every Child's Mental Health Campaign Family and Young Adult Councils for their collaboration in developing and disseminating this fact sheet. This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS280201500007C, with SAMHSA, U.S. Department of Health and Human Services. Lisa Rubenstein served as the Project Manager and Eric Lulow served as the Government Project Officer.

**REFERENCES:**

<sup>1</sup> (2012). *SAMHSA's Working Definition of Recovery*. SAMHSA.

<sup>2</sup> American Psychiatric Association. (2005). *Position Statement on Use of the Concept of Recovery*.

<sup>3</sup> (2013). *SAMHSA Annotated Bibliography*.

<sup>4</sup> Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.

<sup>5</sup> Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study - Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry* 49(10), 980-989.

**American Academy of Child and Adolescent Psychiatry**

[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Resource\\_Centers/Bipolar\\_Disorder\\_Resource\\_Center/Home.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Bipolar_Disorder_Resource_Center/Home.aspx)

**Depression and Bipolar Support Alliance**

<http://www.dbsalliance.org>

**Find Youth Info**

<http://www.findyouthinfo.gov>

**Mental Health America**

<http://www.mentalhealthamerica.net>

**National Alliance on Mental Illness**

[http://www2.nami.org/Content/NavigationMenu/Mental\\_Illnesses/Bipolar1/Home\\_-\\_What\\_is\\_Bipolar\\_Disorder\\_.htm](http://www2.nami.org/Content/NavigationMenu/Mental_Illnesses/Bipolar1/Home_-_What_is_Bipolar_Disorder_.htm)

**National Center for Complementary & Integrative Health**

<https://nccih.nih.gov/health/integrative-health>

**National Federation of Families for Children's Mental Health**

<http://www.ffcmh.org/>

**National Institute of Mental Health**

<http://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>  
<http://www.nimh.nih.gov>

**National Suicide Prevention Lifeline**

<http://www.suicidepreventionlifeline.org>  
1-800-273-TALK (8255)

**Ok2Talk**

<http://ok2talk.org>

**Substance Abuse and Mental Health Services Administration**

<http://www.samhsa.gov/disorders/mental>

**Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline**

<http://www.samhsa.gov/find-help/national-helpline>

**The Family Run Executive Director Leadership Association**

<http://www.fredla.org>

**Teen Mental Health**

<http://teenmentalhealth.org/learn/mental-disorders/bipolar-disorder-2>

**The Storm in My Brain**

<http://www.dbsalliance.org/pdfs/storm.pdf>

**Youth Motivating Others through Voices of Experience:**

<http://www.youthmovenational.org>

**Disclaimer**

The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the official position of SAMHSA or HHS. The information presented in this document should not be considered medical advice and is not a substitute for individualized patient or client care and treatment decisions.