

Where You Are

S6 Episode 6 — Supporting Your Child With Bipolar Disorder

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Dr. Roberto Sassi: We want young people with bipolar disorder to be driving this whole process. We want them to be the most important person on this conversation. What we want parents and caregivers to do is be colleagues, partners, co- pilots with a young person to play that motivational role as much as possible, and remove the barriers for young people to receive the support that they need.

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Char Black: This is Where You Are, a podcast that helps families and their children promote their mental health and wellness. I'm Char Black.

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Bryn Askwith: And I'm Bryn Askwith. Bipolar Disorder is a mental health disorder that can have a big impact on children, youth, and families. And at the Kelty Center, we often hear from parents and caregivers looking for guidance on how to support their child who's living with bipolar disorder.

So, today we'll take a closer look at this disorder and dive into some of the key questions we've received from listeners that we know many families face.

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Char Black: In today's episode, we'll explore what bipolar disorder is and how it's diagnosed, what treatment and support can look like, and common questions from parents and caregivers.

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Bryn Askwith: Before we dive in, we want to let you know that this episode includes mentions of suicide. So, we encourage you to take stock of how you're feeling and listen in whatever way feels right for you. Feel free to pause the episode or take a break if you need to. And if you know someone who is struggling and needs support, they can call or text 988, the National Crisis Suicide Helpline, to access 24/ 7 support. So, with that in mind, let's get into our conversation.

Today on the podcast, we're joined by Dr. Roberto Sassi, the psychiatrist in chief at BC Children's and Women's Hospitals. Welcome to where you are. Thanks Roberto for being here.

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Dr. Roberto Sassi: Thank you so much, Bryn and Char. Thanks for the invitation.

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Bryn Askwith: Roberto, we've received a lot of questions from parents and caregivers about bipolar disorder, but we'll dive into those specific questions a little later on. First, can you start by reviewing some of the basics? What is bipolar disorder and what are some of the symptoms?

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Dr. Roberto Sassi: What we call bipolar disorder today is very similar to what has been called for many years as manic depressive illness. So that's another terminology sometimes people have used to describe the same set of symptoms.

What we understand today is that bipolar disorder is a mental health condition where you have extremes of mood and those extremes usually swing from one pole to the other. From the pole, there's a lot of energy, excitement, and that's what we call mania. And another extreme of a mood, a pole mood swing, well, we might see the very opposite of that. We see a sadness, we see depressive mood, and that's the pole of depression.

So what we need to see, those two extremes and those two swings that are quite extreme in order to make a diagnosis of bipolar disorder.

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Bryn Askwith: Roberto, what are some early warning signs that parents and caregivers should look for in their children? And also wondering when should parents seek help?

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Dr. Roberto Sassi: It's important to remember that bipolar disorder is not as common as some of the other things like depression or ADHD and usually starts later in life compared to some of the other mental health conditions. What we understand of bipolar disorder nowadays is that even though it can affect people at different ages, the vast majority of them will have the presentation being obvious of bipolar disorder happening either late in the adolescent years or early in the adult years. So we're talking 15, 16 to mid-twenties. That tends to be the peak where a presentation is concerning enough to receive the diagnosis of bipolar disorder.

Once we do see a young person, a young adult, let's say with bipolar disorder, and we make the diagnosis quite often, they have experienced a lot of other symptoms before the diagnosis of bipolar disorder is given to them by a clinician. For instance, someone in their early twenties might have what we call an episode of mania.

When you look back, that person might have had at a younger age some anxiety, some sleep difficulties, might have had some symptoms of depression or even a full episode of depression, but it's only much later in their adolescence or the early adult years that the diagnosis of bipolar disorder is confirmed when we see the other extreme. So that makes the prevention of bipolar disorder slightly complicated, and the way that I see it is that professional help should be available whenever parents and young people feel the need for it.

If they're concerned with a particular symptom, doesn't matter if it's connected with bipolar disorder or depression or something completely different, if your child is not doing too well, if there's something different in their presentation, if there's a change in their normal way of interacting with their friends, with their family, at school, at home, that might be enough of a red flag for either a child, a young person, the adolescent, the young adult themselves to look for help or for a parent or caregiver to raise some alarm bells and get a referral, get someone involved to do an assessment.

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Char Black: Thanks, Roberto. Can you walk us through how bipolar disorder is typically diagnosed?

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Dr. Roberto Sassi: Specifically about bipolar disorder, there's a few things to keep in mind. First thing is that we don't have a very specific diagnostic test for bipolar disorder, like the vast majority of things that we do in mental health. We don't have a blood test, we don't have brain scan that is going to guarantee that what person is struggling with is particular diagnosis including bipolar disorder.

So we have to rely on a careful, thoughtful assessment by professionals that have the experience and expertise in psychiatric presentations. And the diagnosis is based on the clinical presentation, it's based on the things that we might be seeing right in front of us for a particular child as well as things that are described to us by the child, by the parents, by teachers, by friends.

And one common scenario that I see in the clinic is where parents themselves or someone close in the family have bipolar disorder. They might see something in their youth and be concerned that this might be bipolar disorder. And why is that? This is because bipolar disorder has a very strong genetic component. It's a quite common scenario where a parent that has a diagnosis of bipolar disorder sees some concerns on the young person and might bring for an assessment with a question, is this bipolar disorder or is this something else?

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Char Black: Thanks, Roberto. We definitely get a lot of questions about diagnosis and we know it's not always a straightforward process, so is there anything else you wanted to add to that that would be useful to parents and caregivers listening?

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Dr. Roberto Sassi: I want to make sure that people understand that we're talking about when I describe those mood swings or those extremes in mood, we're talking about very significant extremes, very significant changes. This is not the fluctuations that all of us have with our moods hour by hour or day to day or... When we talk about mood of mania and extreme in the positive sense, usually what we see is very significant happiness that does not fit with the circumstances, does not fit with the environment. So something neutral, something negative might be happening and that person is still feeling on top of the world. Usually with that, it comes also a series of other things along with the abnormal mood. It might be a significant

increase in the physical energy. It might be a significant decreased need for sleep. People that might go for several days without any sleep at all and not feel tired, you might see as well a faster way of thinking.

And that is expressed as talking much faster than usual, sometimes even to the point where it's hard to understand the logic behind the ideas. There's what we call pressured speech. There's also a lot of impulsivity, making decisions without thinking of the consequences. It might be financial decisions like going on a shopping spree for instance. It might be impulsive consequences and risky ones in their job or at school. It might be sexual indiscretions.

And the same kind of idea applies for the other side of bipolar disorder, which is in the depressive side where what we see is the opposite is an increase in sadness and low mood that also comes along with other things including decreased energy. It might come with the changes in your appetite, in your ability to pay attention to things, what we call concentration and focus. They might also get more hopeless and in some cases, even consider ending their own lives. So, in order for us to make a diagnosis, this needs to be persistent, needs to last for several days, or be so severe that it needs some intervention. So to make the diagnosis, we have to see not only a change in mood, but a change in mood with enough severity, enough duration, and some of those other symptoms that come along with that as well.

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Char Black: Thank you, Roberto. I just wanted to ask you a little bit about if bipolar disorder can be mistaken for other mental health disorders.

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Dr. Roberto Sassi: Yes, it's a relatively common problem that we have as clinicians and the families and young people have to cope with that as well where the presentation might look like something else. And to complicate things further, most people that do have bipolar disorder that we were comfortable and we made the diagnosis also have what we call co-morbid disorders, so another diagnosis along with bipolar disorder.

It's very rare to see someone just with bipolar disorder as the diagnosis. More often than not, we end up making a diagnosis of bipolar disorder and ADHD, bipolar disorder and substance use, bipolar disorder and anxiety. We do have also the problem where certain characteristics, certain presentations might look like bipolar disorder but they're not. And young people, one of the big ones that we have to monitor is ADHD. And why is that? It's because in ADHD we see quite often an increased in energy.

We see impulsivity, we see sometimes more talkativeness. So there's a lot of overlap in some of those symptoms. What we tend to do as clinicians to separate one from the other is look at the passage of time where in bipolar disorder, more often than not we have cycles. With ADHD, we tend not to see that; we don't have two weeks of ADHD and then you go back to a baseline. ADHD tends to stay there in a more persistent way. So that's one of the things that we try to use to separate one from the other, for instance.

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Char Black: Thanks for layering all this complexity. I know there's just so much there and want to jump to treatment actually. Could you talk about what treatment options are available for a bipolar disorder?

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Dr. Roberto Sassi: I'll start by saying treatment becomes a decision that is a very important one. This is a treatment that is going to be part of your life for a quite significant amount of time. The most important piece first is to be certain of the diagnosis.

Once we do have a confirmation, then we can put the options in terms of treatment and have a conversation, a dialogue with a young person and with a family. And I try to break the treatment in three big blocks.

One is pharmacotherapy or medications, which in bipolar disorder it's an important component of the treatment. The second one is psychotherapy, so the talk therapy and the similar modalities that help people to understand their own symptoms and address the struggles that they have on either one of those poles. And the third one is lifestyle modifications. Things that we do know can have a big impact in the long-term for people with bipolar disorder that are not medications, not therapy, but might include things like physical activity. We know that exercise is a fantastic support for a lot of different things. It might include ways to manage your stress. It might include a healthy diet. It might include being compliant with the medications. So making sure that you understand the pros and cons of the medication and you can manage the side effects.

So there's three components, the medications, the psychotherapy options, and lifestyle modifications as well.

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Bryn Askwith: Thanks so much, Roberto. I know we often get questions about that at the Kelty Center, so I really appreciate how you summarize that so nicely for families who might be listening to this episode. You mentioned earlier that diagnosis of bipolar disorder can typically come later in adolescent years or early adulthood and that the symptoms include manic and depressive episodes.

So, how can parents and caregivers support their child who's been diagnosed with bipolar disorder? Are there any specific strategies?

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Dr. Roberto Sassi: Parents and caregivers are crucial in being there for their kids when they're struggling with a relapse of bipolar disorder as well as to help with the maintenance. So there's a few different things that parents and the caregivers can do. We know that one of the biggest risks of someone going from your maintenance, your stable mood into a relapse is stopping medications too early or skipping a few doses because you want to deal with side effects or

changing the time that you're taking the medication. So those are things that the parents can help and support their children to make sure that they understand the risks and the benefits.

We know that stress is another potential risk factor to either a manic episode or depressive episode. And all of us experience stress. There is no way of isolating ourselves from stress in real life, but we want to make sure that parents and caregivers can support their children to find ways of coping with stress that are not going to put someone at risk of having a bipolar relapse.

The other component is sleep. We want to make sure that there's good sleep hygiene for young people across the board, but in particular for people with bipolar disorder. So we don't want them to be all of a sudden all in an all-nighter in order to study for tests or at a party because we know that that can have consequences 2, 3, 4 or five days later and increase the risks of depressive episode or a manic episode.

And the other one is the exposure to alcohol and drugs. We know that all substances can increase the risk of either depressive or manic episodes. So, we can have parents as allies in informing young people if they carry the diagnosis of bipolar disorder that there's more risks than for the average teenager or young adult because of the risks for relapse. But it's quite common unfortunately that it's in the moment of a major crisis where parents can play a very significant role.

It might be because of the symptoms of mania are severe enough that they might be putting themselves at risk by making those impulsive and risky decisions and dangerous decisions. It might be because of the thoughts of suicide. So those are the moments when we want to make sure that parents and caregivers call the crisis lines, that they call their providers if they're already connected with the mental health service or family physician for instance, that they bring the young person to an emergency assessment in an emergency room for instance.

So, we want to make sure that the parents use their gut feeling and if they see that something is different in the presentation for the youth, that they can bring them to us and call their providers for an assessment.

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Bryn Askwith: Thank you so much. As a co-host listening to this, but I think as a potential parent or caregiver listening to an episode like this, it would feel really nice to know that not only can parents and caregivers support with that maintenance piece that you mentioned, but also really a role in those crisis moments because I think those are the things when parents connect in with the Kelty Center that they express can feel quite scary and they're feeling sometimes a little bit helpless in those moments. So thank you for sharing that.

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Char Black: You are listening to Where You Are. I'm Char Black.

To learn more about bipolar disorder, including resources that can be helpful to parents and caregivers, visit our website at KeltyMentalHealth.ca/bipolar-disorder.

Are you busy and overwhelmed supporting your child's mental health and wellness and could use someone to talk to who can relate? Contact a trained Kelty family peer support worker who can offer a non-judgmental listening ear and connect you to mental health resources in your community? Connect by phone, email, or via Zoom. Find out more at KeltyMentalHealth.ca/contact-us.

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Bryn Askwith: Thank you, Roberto, for providing all of that background and information on bipolar disorder. Let's shift gears now. As we mentioned, we also received questions at the Kelty Center from parents and caregivers of a child with bipolar disorder. Are you ready to start a bit of a Q&A?

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Dr. Roberto Sassi: Absolutely.

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Bryn Askwith: Fantastic. The first question we received from a parent or caregiver is are there signs that I look for to know if my child's mood is going to shift?

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Dr. Roberto Sassi: That's such an important question and there's some variation because every child is unique. Some kids might have a trajectory. This is slightly different for one another. So the most important piece is your child better than anyone else. Look for changes in the normal baseline style temperament parameters for your child. For instance, if all of a sudden there's a change in school attendance, if they're really good at going to school and all of a sudden they're not going to school, they're skipping class, that is a change that might eventually lead to a more obvious changing mood. So they might be denying, "Oh, I feel fine, I'm okay." But that's a change in the normal presentation for a child that you want to be mindful of.

You want to take a look at sleep changes because of the sleep being both a risk factor for a relapse and also being a symptom of either depression or mania. So changes in the sleep are important to monitor.

Social isolation is another one that the parents might notice even before the changing mood. You might see in some cases a change in the focus and concentration. So, all of a sudden your child is very distracted in a way that is not normal, not part of their day-to-day or they look more impulsive, making decisions that makes you question, again, it's how come you made this decision, that doesn't sound like you. And we know that adolescents in particular can have normal fluctuations and can make some decisions that look very sudden and very impulsive. But we're talking about here is a pattern change that we want to make sure that parents can notice.

So those are things that might be more obvious for caregivers even before the noticeable changes in mood that we might see with either mania or depression.

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Char Black: So the next question from a parent or caregiver, what do I do if my child is experiencing psychosis with bipolar disorder?

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Dr. Roberto Sassi: That's a very important question and I did not mention that this is a possibility that we might see with bipolar disorder, both with mania and depression. Psychosis is a symptom, it's not a disorder, but it's a break from reality usually associated with the mood. So if this is mania with psychosis, we tend to see a grandiose ideas. We tend to see someone believing that they have superpowers, so they're invincible, they're invulnerable, that they have many millions of dollars in their bank account.

And the same is true for depression where we tend to see people that have psychosis with depression ideas that are quite negative about the world and about themselves. Psychosis is something that we take very seriously. It's not part of the average experience with the mood or even with bipolar disorder and it's a mark for complexity. It's a mark of a risk and of a need for a more intense combination of treatments. And that might include different medications. It might include a close monitoring of how things are going at home. It might include a short stay in the hospital if there is a more immediate risk for that particular youth or for people around them.

So it's a mark of risk of things are not going well. If a parent or caregiver is identifying that, don't wait. This is the time to reach out to your providers, reach out to your team, reach out to your family doctor, or even bring to an emergency room.

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Bryn Askwith: Thanks so much, Roberto. Next question we received, my team does not recognize or see issues with their behavior related to their bipolar disorder. So how do I support them and connect them to help?

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Dr. Roberto Sassi: Yeah, this is a common thing for not only young people with bipolar disorder but with adults as well, and in particular in the extremes of mood. When someone is struggling with the mania or hypomania, they might feel so invulnerable on top of the world or even enjoy that particular mood that they have that they see this as positive. They see this as who they are. They see this as something that they want to continue as long as possible. And if the medications or other modalities of treatment are decreasing this feeling, people quite often might simply stop taking their mood stabilizers, might stop taking some of those medications in order to enjoy this feeling longer. And sometimes same might be happening with the depression where people might feel so hopeless about their future, they might feel helpless, they might feel that nothing can change the way that they feel, that they might stop taking their medications. And it puts the parents and the caregivers in a complicated situation where you have to, as much as possible, help the youth in front of you to understand the consequences of decisions

about stopping treatment or not being engaged with treatment, but at the same time, not pushing them away completely. We want young people to be driving this whole process. We want them to be the most important person on this conversation in terms of making the decisions.

So, if in the absence of a significant immediate crisis, what we want parents to do is be colleagues, partners, co-pilots with a young person as much as possible and help them to see the potential consequences of not engaging a treatment. Reminding them for instance that if you wanted to finish school, if you wanted to do really well in your soccer team or in music and so on, things that the young person themselves might say, this is what I really want, the best way to achieve this is by continuing with the treatment.

We want the parents to play that motivational role as much as possible and remove as much as parents can and caregivers can, the barriers for young people to do the right thing. It might be being an advocate for your kid at school for them to receive the support that they need. It might be an advocate within the health system to make sure that they receive what they need at that particular moment.

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Bryn Askwith: Thanks so much. I think the piece that really resonated with me was parents as co-pilots and really supporting to remove any barriers. That is something I think that will resonate with listeners, too.

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Char Black: I have the last question from a parent or caregiver. My child with bipolar disorder experiences restlessness and sleep deprivation. If we're already addressing the bipolar disorder, is there something else we can do to help with sleep?

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Dr. Roberto Sassi: There are several different things that we can do with sleep, and I'm assuming that what this parent is asking is not about the sleep as a symptom of depression or sleep changes as a symptom of mania, but even after the mood becomes stable, some of the problems with sleep might persist, might continue. And how do I address that?

We usually start with sleep hygiene. So to make sure that there's a routine, that there's an expectation of a going to bed at a particular time and to get out of bed at a particular time as well, not only for school, but in order to keep a routine even on weekends. So we don't want it to deviate from the routine completely. We want to make that the young people are not using any kind of caffeinated beverages in the afternoon or into the evening because we know that that can impact the quality of the sleep and the ability to fall asleep.

We want to make sure that we reduce as much as we can as parents and caregivers screen time, particularly screen time at night. There are a few other things that we can consider. There is some therapy modalities to help with sleep. In particular, cognitive behavioral therapy for

sleep is evidence-based and it does work well. And there are also medication options for sleep where we tend to start with the most benign or less likely to cause side effects and melatonin is the most common one. And if that's not enough, then we might consider some prescription medications for sleep, usually in the short term. We don't want to use medications just for the sleep in the long term because sleep might be a symptom of something else that might be happening, might be masking some other problems.

And in more extreme cases, you might have to consult a sleep specialist where even a sleep study might be needed to understand why it has been such a persistent and chronic problem, even though all the other things around it have been improved.

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Bryn Askwith: Thanks so much, Roberto. As Char mentioned, that was kind of our key last question that we received from parents and caregivers. So thank you so much for addressing those questions. For those parents who wrote in and in particular just in general, for the larger parents and caregivers listening to the podcast, I know it'll be really, really helpful for them to hear that.

We always ask our guests, are there any resources that you can recommend specific to bipolar disorder?

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Dr. Roberto Sassi: Well, I always recommend our Kelty website as the first place to start, and we do have a lot of information there about bipolar disorder. The Canadian Mental Health Association has a lot of information on the bipolar disorder on the website. There is good information also from CAMH in Toronto, so the Center for Addictions and Mental Health website has a lot of information on bipolar disorder. The American Academy of Child and Adolescent Psychiatry also has a specific website targeting families. So there's some specific content and information tailored to families and to young people in particular.

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Bryn Askwith: Thanks so much for sharing those. We'll ensure that those are also put in our show notes for today's episode.

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Char Black: And Roberto, we like to end our episodes asking guests for their words of wisdom. So are there any final takeaways you'd like to share?

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Dr. Roberto Sassi: I know we've been talking a lot about the negatives and the scary parts of bipolar disorder. I want people to remember that the people with bipolar disorder can have meaningful, happy lives. This should not stop anyone from achieving everything that they want with their peers, their families, their loved ones with school. As long as you get the good support and treatment that can decrease the chances of you having those episodes, this is something

that should not stop you from living a healthy and positive life. So that's important for people to remember.

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Char Black: Love those words of wisdom. Thank you, Roberto, and thank you so much for coming on this episode with us.

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Dr. Roberto Sassi: Thanks again.

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Bryn Askwith: Thanks so much to our Where You Are listeners for tuning in today. We are so grateful to have you join us each episode.

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Char Black: If you enjoyed the conversation today, please leave us a rating wherever you might be listening now. This episode of Where You Are is brought to you by BC Children's Kelty Mental Health Resource Center.

Our show is produced and edited by Jenny Cunningham with audio engineering by Ryan Clarke. Audio production by JAR Audio.

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