

# Helping a Friend or Family Member

with Depression or Bipolar Disorder



**Depression and Bipolar  
Support Alliance**

We've been there. We can help.



**M**ood disorders such as bipolar disorder (also known as manic-depression) and depression affect millions of people. Their family members and friends are affected too. If someone you love has a mood disorder, you may be feeling

helpless, overwhelmed, confused and hopeless, or you may feel hurt, angry, frustrated and resentful. You may also have feelings of guilt, shame and isolation, or feelings of sadness, exhaustion and fear. *All of these feelings are normal.* This brochure will tell you a little about what your family member or friend is going through, and how you can help your loved one and yourself.

*For more information about mood disorders, see the Appendix on page 12.*

## Things to remember

- Your loved one's illness is not your fault (or your loved one's fault).
- You can't make your loved one well, but you can offer support, understanding and hope.
- Each person experiences a mood disorder differently, with different symptoms.
- The best way to find out what your loved one needs from you is by asking direct questions.

## What can I do to help?

- Keep in mind that a mood disorder is a physical, treatable illness that affects a person's brain. It is a real illness, as real as diabetes or asthma. It is not a character flaw or personal weakness, and it is not caused by anything you or your family member did.
- Don't ask the person to "snap out of it." Your friend or family member can't snap out of this illness any more than he or she could overcome diabetes, asthma, cancer or high blood pressure without treatment.

- Educate yourself about your loved one's illness, its symptoms and its treatments. Read brochures and books from DBSA and other dependable sources.
- Give unconditional love and support. Offer reassurance and hope for the future.
- Don't try to fix your loved one's problems on your own. Encourage him or her to get professional help.
- Remember that a mood disorder affects a person's attitude and beliefs. When a person says things like "nothing good will ever happen to me," "no one really cares about me," or "I've learned all the secrets of the universe," it's likely that these ideas are symptoms of the illness. With treatment, your friend or family member can realize that this kind of thinking is not a reflection of reality.
- Have realistic expectations of your loved one. He or she can recover, but it won't happen overnight. Be patient and keep a positive, hopeful attitude.
- Take care of yourself so you are able to be there for your loved one. Find support for yourself with understanding friends or relatives, in therapy of your own, or at a DBSA support group (see page 10).

## What can I do to make sure my loved one gets good treatment?

- Encourage your loved one to seek treatment. Explain that treatment is not personality-altering and can greatly help to relieve symptoms.
- Help him or her prepare for health care provider appointments by putting together a list of questions. Offer to go along to health care appointments.
- With permission, talk to your loved one's health care provider(s) about what you can do to help.
- Encourage or help your loved one to get a second opinion from another health care provider if needed.
- Help him or her keep records of symptoms, treatment, progress and setbacks in a journal or *Personal Calendar*, available from DBSA.
- Help him or her stick with the prescribed treatment plan. Ask if you can help by giving medication reminders.

## How can I help someone who has symptoms of depression?

Depression may cause someone to have feelings of unbearable sadness, guilt, worthlessness and hopelessness. The person does not want to feel this way, but can't control it.

Make sure the person's doctor knows what is happening, and ask if you can help with everyday tasks such as housekeeping, running errands, or watching children. Help your loved one try to stick to some sort of daily routine, even if he or she would rather stay in bed. Spend quiet time together at home if he or she does not feel like talking or going out. Keep reminding your loved one that you are there to offer support. It can be helpful to say things like:

"I'm here for you."

"I care."

"I may not understand your pain, but I can offer my support."

"You are a worthwhile person and you mean a lot to me."

"Your brain is lying to you right now, and that is part of the illness."

"Don't give up. You can get through this."

## What if I think the person might be considering suicide?

- If the person is threatening suicide right then and there, or is in immediate danger, take him or her to a hospital or emergency room immediately. Don't try to handle a crisis alone. Call 911 or get help from other friends or family members.
- Take any threats or casual mentions of death or suicide seriously. Don't assume the person is just trying to get attention.
- Encourage your friend or family member to hold on, and help him or her get professional help right away.
- Don't promise that you will keep your loved one's thoughts or plans a secret. You may need to tell a doctor or family member in order to save your loved one's life.

- Find out if the person has a plan. Talking about suicide will not plant the idea in a person's mind. He or she may welcome the chance to talk.
- Offer your help. Offer to listen.
- Suggest that your loved one call a suicide hotline such as (800) 442-HOPE if he or she is alone and in need of help.
- Let your loved one know his or her life is important to you and others. Remind the person that suicidal thoughts are a symptom of a treatable illness.
- Make sure your friend or family member cannot get hold of any type of weapons, large quantities of medication, or anything else that might be dangerous.

## How can I help someone during a manic episode?



Remember that mania may cause a person to believe things that aren't true, make big plans or life changes, spend money to excess, or do other things that may be dangerous. Sometimes a person might be more outgoing or enthusiastic during early stages of mania. Do your best to keep your loved one from doing

things that might be harmful. Urge him or her to put off any plans to start a big project, spend a lot of money, drive a long distance, or anything that sounds dangerous to you. Keep in mind that he or she may insist that everything is under control. You may need to ask other friends, family members or mental health professionals to intervene and help keep your loved one safe.

Encourage your loved one to see a doctor as soon as possible. Don't make demands, threats or ultimatums unless you are fully prepared to follow through with them. Keep yourself safe. If your loved one becomes abusive, call a friend, a family member, a mental health professional or 911 for help.

## What if hospitalization is necessary?

Sometimes, when symptoms of depression or mania become severe, it's necessary for a person to be hospitalized. This might seem scary at first, but the safe, controlled environment of the hospital can help the person return to stability.

If you think your loved one might benefit from a hospital stay, find out all you can about local hospitals and the inpatient and outpatient services they offer. Try to do this before a crisis. Find out if his or her insurance or Medicare/Medicaid covers hospitalization, and if not, find out about community or state-run facilities.

If your loved one is open to doing so, suggest discussing the possibility of hospitalization with a doctor before the need arises, and making a list of preferred hospitals, medications and treatment methods for use in a crisis.

While your loved one is hospitalized, be supportive by visiting frequently and bringing comforting or familiar items. Ask the staff questions; if they don't have the answers, find someone at the hospital who does. Don't be afraid to be assertive about making sure your loved one receives the best treatment. Keep records of the people you talk to and when.

## How can I support someone during outpatient treatment?

When your friend or family member begins seeing a doctor or therapist, show that you support the decision to seek treatment and ask how you can be most helpful. Learn about your loved one's symptoms. Each person needs different kinds of help keeping symptoms under control. Learn about medications and what side effects to expect.

Some people find it helpful to write down mania prevention and suicide prevention plans, and give copies to trusted friends and relatives. These plans should include:

- A list of symptoms that might be signs the person is becoming manic or suicidal.
- Things you or others can do to help when you see these symptoms.
- A list of helpful phone numbers, including health care providers, family members, friends and a suicide crisis line such as (800) 442-HOPE.
- A promise from your friend or family member that he or she will call you, other trusted friends or relatives, one of his or her doctors, a crisis line or a hospital when manic or depressive symptoms become severe.
- Encouraging words such as "My life is valuable and worthwhile, even if it doesn't feel that way right now."
- "Reality checks" such as, "I should not make major life decisions when my thoughts are racing and I'm feeling 'on top of the world'. I need to stop and take time to discuss these things with others before going through with them."

## How long will it take before the person feels better?



Some people are able to stabilize quickly after starting treatment; others take longer and need to try several treatments, medications or medication combinations before they feel better. Talk therapy can be helpful for managing symptoms during this time.

If your friend or family member is facing treatment challenges, the person needs your support and patience more than ever. Education can help you both find out all the options that are available and decide whether a second opinion is needed. Help your loved one to take medication as prescribed, and don't assume the person isn't following the treatment plan just because he or she isn't feeling 100% better.

## What about me?

It is important to take care of yourself, and it is normal for you to have symptoms of stress, anxiety or depression when someone you care about is ill. It's important for you to build your own support system of people who will listen to you and be concerned about your well-being, including friends, relatives, and possibly a doctor or therapist. You might think your problems are minor in comparison to what your loved one is coping with, but that doesn't mean you are any less deserving of help and comfort.

Take time out for yourself, and make time to do things that relax you and things you enjoy. You will be best able to support the person you care about when you are healthy, rested and relaxed.

## What about the children in the family?



Children are affected by a family member's bipolar disorder or depression, even if they don't understand exactly what is happening. It's important to spend time with children, explain the situation and encourage them to share their feelings and questions. Talk to children at a level they can understand.

Younger children might be satisfied with "Mommy (or other relative) doesn't feel good right now but is getting help to feel better." Older children may be given educational materials and encouraged to learn about bipolar disorder or depression and how they can help their parent(s). Reassure children that there will be someone to take care of them. Parents should apologize to children for any hurtful things they may have said or done during an episode of mania or depression. Let children know their parent is working to keep these things from happening again.

## What about intimacy issues?

Mood disorders can place a strain on intimate relationships, because of sexual indiscretions that may happen during manic episodes or lack of sexual interest that may occur during depressive episodes. Some medications may also cause sexual side effects that can be frustrating for both partners. Your loved one may want to talk to the doctor about switching medications if sexual side effects become troublesome. Counseling for the two of you can also be helpful.

## What can I do when my child is ill?

Patience and understanding are especially important when a child is ill. Children with bipolar disorder often have different symptoms than adults do, and are more likely to switch quickly from manic symptoms to depressive symptoms. Make sure you have a doctor who understands mood disorders in children, and is able to spend time discussing your child's treatment. Communicate to your child that there is hope - you and the doctors are working on a solution that will help him or her feel better. Explain your child's disorder to siblings on a level they can understand. Suggest ways they can help. Seek family counseling if necessary. It is also helpful to network with other parents whose children have a mood disorder.

With the assistance of your child's mental health care provider, help your child learn relaxation techniques and use them at home. Teach positive coping strategies to help him or her feel more prepared for stressful situations. Encourage your child to self-express through art, music, writing, play, or any other special gifts he or she has. Provide routine and structure in the home, and freedom within limits. Above all, remember that mood disorders are not caused by bad parenting, and do not blame yourself for your child's illness.

Children with mood disorders do better in a low-stress, quiet home environment, and with a family communication style that is calm, low-volume, non-critical, and focused on problem-solving rather than punishment or blaming. Stress reduction at school through use of an Individual Educational Plan (IEP) is also very important.

Request an evaluation from your child's school counselor or psychologist to get the process started.

If your child with a mood disorder is an adult, it is important to treat him or her like an adult, even when he or she is not acting like one. As much as you may want to, you may not be able to force your adult child to keep doctor's appointments or take medications. As with any other family member, keep encouraging treatment and offering your support, but establish boundaries for yourself too, such as not lending money if your adult child seems to be having manic or hypomanic symptoms.

## What can I do when an elderly relative is ill?

Remember, mood disorders are not a normal part of aging. You may face additional challenges if an elderly relative is ill and lives far away from you or in an assisted living facility. Stay informed about the treatment your loved one is receiving. Develop a relationship with his or her doctors and the staff at the facility. Your relative may need special help remembering to take medications. Make sure all of his or her doctors communicate if he or she is being treated for multiple illnesses. This is extremely important, since some medications for mood disorders can interact with medications for other illnesses and cause problems.

It may be helpful for you to spend additional time with your elderly relative, or, if that is difficult, meet with other relatives to see if you can take turns visiting or caring for your loved one.

## How can DBSA support groups help my loved ones and me?

DBSA has hundreds of support groups to give people with bipolar disorder or depression and their loved ones practical ways to cope with illness and work toward wellness. You don't have to feel alone or ashamed. DBSA group participants are people with mood disorders and their families who share experience, discuss coping skills and offer hope to one another in a safe and confidential environment.

DBSA support groups provide the caring and assistance that is important to lasting recovery. People who go to DBSA groups say the groups:

- Provide a safe and welcoming place for mutual acceptance, understanding and self-discovery.
- Give them the opportunity to reach out to others and benefit from the experience of those who have "been there."
- Motivate them to follow their treatment plans.
- Help them to understand that mood disorders do not define who they are.
- Help them rediscover their strengths and humor.

People who had been attending DBSA groups for more than a year were also less likely to have been hospitalized for their mood disorder during that year, according to a recent DBSA survey.

## There is hope.



As a friend or family member of someone who is coping with bipolar disorder or depression, your support is an important part of working toward wellness. Don't give up hope. Treatment for mood disorders does work, and the majority of people with mood disorders can return to stable and productive lives. Keep working with your loved one and his or her health care providers to find treatments that work, and keep reminding your loved one that you are there for support.

## Appendix:

### Facts About Mood Disorders

#### What are mood disorders?

Mood disorders are treatable medical conditions involving changes in mood, thought, energy and behavior. A person with bipolar disorder, also known as manic depression, has moods that usually alternate between mania, or extremely “up” mood, and depression, or extremely “down” mood. A person with major (unipolar) depression has periods of “down” mood. Mood disorders have many symptoms, including:

#### Symptoms of depression:

- Sad, empty, irritable or tearful mood most of the day, nearly every day
- No interest in or pleasure from activities once enjoyed
- Major changes in appetite or body weight
- Insomnia or sleeping too much
- Feelings of restlessness or being slowed down
- Fatigue, exhaustion, lack of energy
- Feelings of worthlessness or excessive guilt
- Inability to concentrate or make decisions
- Thoughts of death or suicide

#### Symptoms of mania:

- Feeling overly energetic, high, better than good, or unusually irritable for at least one week
- Very high self-esteem, feeling all-powerful
- Decreased need for sleep without feeling tired
- Talking more than usual, feeling pressure to keep talking
- Racing thoughts, many ideas coming all at once
- Distracted easily, thoughts or statements jumping topic-to-topic
- Increase in goal-directed activity, restlessness
- Excessive pursuit of pleasure (e.g., financial or sexual) without thought of consequences

**Hypomanic episode:** Similar to a manic episode, but less severe. It is clearly different from a non-depressed mood with an obvious change in behavior that is unusual or out-of-character.

**Mixed state** (also called mixed mania): A period during which symptoms of a manic and a depressive episode are present at the same time.

**Dysthymia**, another mood disorder, is a prolonged moderate state of depressed mood, symptoms of which include poor appetite or overeating, insomnia or oversleeping, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions and feelings of hopelessness. Dysthymia can be just as disabling as depression.

**Cyclothymia**, another mood disorder, is a milder form of bipolar disorder characterized by alternating hypomanic episodes and less severe episodes of depression.

**Rapid cycling** occurs when a person has four or more manic, hypomanic, mixed or depressive episodes within a 12-month period. For many people, rapid cycling is temporary.

#### What is the difference between a mood disorder and ordinary mood swings?

**Intensity:** Mood swings that come with a mood disorder are usually more severe than ordinary mood swings.

**Length:** A bad mood is usually gone in a few days, but mania or depression can last weeks or months. When a person suffers from rapid cycling, high and low moods can come and go quickly, but the person does not usually return to a stable mood for a long period of time.

**Interference with life:** The extremes in mood that come with mood disorders can cause serious problems. For example, depression can make a person unable to get out of bed or go to work, or mania can cause a person to go for days without sleep or spend money he or she does not have.

## Other Organizations That Offer Help

The following organizations offer information and/or assistance with mood disorders and related topics. While you may find additional support from these organizations, DBSA assumes no responsibility for the content or accuracy of the material they provide.

### American Foundation for Suicide Prevention (AFSP)

(888) 333-2377 • [www.afsp.org](http://www.afsp.org)

### American Psychiatric Association (APA)

(888) 357-7924 • [www.psych.org](http://www.psych.org)

### American Psychological Association

(800) 374-2721 • TDD: (202) 336-6123

[www.helping.apa.org](http://www.helping.apa.org)

### Anxiety Disorders Association of America (ADAA)

(240) 485-1001 • [www.adaa.org](http://www.adaa.org)

### The Center for Mental Health Services (CMHS)

(800) 789-2647 • TDD: (866) 889-2647

[www.mentalhealth.org](http://www.mentalhealth.org)

### Child & Adolescent Bipolar Foundation (CABF)

(847) 256-8525 • [www.bpkids.org](http://www.bpkids.org)

### Families for Depression Awareness

(781) 890-0220 • [www.familyaware.org](http://www.familyaware.org)

### Freedom from Fear

(718) 351-1717 • [www.freedomfromfear.org](http://www.freedomfromfear.org)

### National Alliance for the Mentally Ill (NAMI)

(800) 950-6264 • [www.nami.org](http://www.nami.org)

### National Foundation for Depressive Illness (NAFDI)

(800) 239-1265 • [www.depression.org](http://www.depression.org)

### National Hopeline Network

(800) 442-HOPE (800-442-4673) or

(800) SUICIDE (800-784-2433)

### National Institute of Mental Health (NIMH)

(800) 421-4211 • [www.nimh.nih.gov](http://www.nimh.nih.gov)

### National Library of Medicine/National Institutes of Health/Medline

<http://www.nlm.nih.gov/medlineplus/>

### National Mental Health Association (NMHA)

(800) 969-6642 • [www.nmha.org](http://www.nmha.org)

### Pharmaceutical Research and Manufacturers of America

(Directory of Prescription Drug Patient Assistance Programs)

(202) 835-3400 • [www.phrma.org/pap/](http://www.phrma.org/pap/)

## Please help us continue our efforts.

We hope you found the information in this brochure useful. Your gift will help us continue to distribute this information and help family members and friends cope with their loved ones' illness. Please fill in and mail the donation form below, call (800) 826-3632 or visit [www.DBSAlliance.org](http://www.DBSAlliance.org) for more information.

**Yes**, I want to make a difference. Enclosed is my gift of:

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 Please send me \_\_\_\_ donation envelopes to share.  
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 I have enclosed my company's matching gift form.  
 I'd like to receive more information about mood disorders.  
 Please send all correspondence in a confidential envelope.

*If you would like to make your gift a Memorial or Honorary tribute, please complete the following:*

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- Please send an acknowledgment to:

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**730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA**  
**Questions?** Call (800) 826-3632 or (312) 642-0049.

**Credit card payments** may be faxed to (312) 642-7243. Secure online donations can also be made at [www.DBSAlliance.org](http://www.DBSAlliance.org).

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***Thank you for your gift!***

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Depression and Bipolar  
Support Alliance

We've been there.  
We can help.

**The Depression and Bipolar Support Alliance (DBSA)** is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Over four million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

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#### **Depression and Bipolar Support Alliance**

730 N. Franklin Street, Suite 501  
Chicago, Illinois 60610-7224 USA  
Phone: (800) 826-3632 or (312) 642-0049 • Fax: (312) 642-7243  
Website: [www.DBSAAlliance.org](http://www.DBSAAlliance.org)

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*This brochure was reviewed by DBSA Scientific Advisory Board Member and author William Beardslee, M.D., Psychiatrist-in-Chief at Children's Hospital in Boston, and Bill Thielker of DBSA Greater Omaha.*

DBSA does not endorse or recommend the use of any specific treatment or medication mentioned in this brochure. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.