

## When it is more than anxiety and depression: Bipolar disorder and Schizophrenia

by Dr. David Smith

Last week we talked about the stresses teenagers face as they transition to adulthood. Adding to that challenging journey, which all teens must make, is the fact that 75 per of all mental health conditions show up in the teen and early adult years.

Today we talk about bipolar disorder and schizophrenia, which tend to first show their signs and symptoms between the ages of 13 and 25. As noted last week, and in all the columns to date: If you are worried that your child or teen may be showing signs of a mental illness, talk to your family doctor, or contact the Child and Youth Mental Health program provided by the Ministry of Children and Family Development in your region. Call Service BC at 1-800-661-8773 for the MCFD office nearest to you.

**Bipolar:** Originally called manic-depression, bipolar disorder is marked by extreme shifts in mood, energy and activity levels, ranging from severe depression on one side to mania on the other.

During a manic episode, the youth will be highly talkative, energetic, full of ideas and enthusiasms, may take risks or behave impulsively, and may even become jittery, sleepless and irritable. During a depressive episode, the youth is very tired or feels slowed down, is very sad and hopeless, has a hard time concentrating or making decisions, and may also be restless or irritable.

Different types of bipolar disorder have different extremes in moods and different speeds of cycling between them, but most high or low episodes last several days or longer. Sometimes the extremes in moods can bring on psychosis — losing touch with reality and having hallucinations (hearing, seeing, smelling, tasting, or feeling things that are not actually there) and delusions (a strong, illogical belief, such as feeling one's actions are being controlled by others.) Early psychosis intervention, called EPI, is very successful. An EPI program exists in many communities in each health authority in BC, see [earlypsychosis.ca](http://earlypsychosis.ca).

Bipolar disorder is known to run in families, but most individuals who have a family member with the disorder will never develop this condition — some other trigger is often needed and research is not yet clear what that is. Many famous and highly successful individuals have bipolar disorder, in part because the manic phase can produce extreme creativity and productivity. Yet the disorder can cause havoc with family relationships, jobs and finances. Substance use, particularly excessive alcohol consumption, is common with the disorder, especially during a manic phase.

Significant mood changes can be stabilized with various medications, or their combinations, plus different types of psychotherapy. With long-term treatment productive lives can be lived. Attention to good sleep, healthy diet and exercise, regular routines, and avoidance of mind-altering substances, along with medication and therapy, can minimize the number of mood episodes.

For more information see [Mood Disorders Association of BC](#) and [heretohelp.bc.ca](http://heretohelp.bc.ca)

**Schizophrenia:** Perhaps no mental health diagnosis causes parents and youth more fear than schizophrenia, which is marked by losing touch with reality and experiencing hallucination, delusions, disorganization and cognitive impairment, such as poor judgement and decision-making. But the outlook need not be bleak: treatment works, and recovery and a return to good functioning occurs regularly.

About one per cent of all British Columbians have this illness and it affects men and women equally, but first symptoms often appear for men between ages 16 and 20, and women between ages 20 and 30.

While schizophrenia also runs in families, it usually needs more than just genetics to arise, although exactly what else triggers it is not fully known. Sometimes it occurs in individuals with no family history, perhaps as a result of a subtle or past brain injury.

In the last decade, new antipsychotic medication and the introduction of Early Psychosis Intervention (EPI) programs, noted above, are greatly helping newly diagnosed people with schizophrenia. Like bipolar disorder, along with the right combination of medication, good sleep, healthy diets, regular exercise, established routines and avoiding mind-altering substances will help those with the diagnosis live full and productive lives.

In fact, dynamic and well-spoken individuals like BC's Brent Seal, who was diagnosed with schizophrenia while a university student and now runs a company called "Seal Wellness" are helping change the face of schizophrenia. Seal, a mountain climber, ultra-marathoner, wellness coach and inspirational speaker, as well as others who are thriving after a schizophrenia diagnosis, show that good, meaningful lives are possible with the right treatment.

For more information about schizophrenia in BC see [earlypsychosis.ca](http://earlypsychosis.ca); [mindcheck.ca](http://mindcheck.ca); the [BC Schizophrenia Society](#); and the [Canadian Mental Health Association BC](#) chapter.

Next column, we will talk about reducing the stigma of mental illness.

*Dr. David Smith is an adolescent and adult psychiatrist and the medical director of the Okanagan Psychiatric services for Interior Health. This series of columns on common child and youth mental health issues is a project of the [Child and Youth Mental Health and Substances Use Collaborative](#). The Collaborative involves multiple individuals, organizations and ministries all working together to increase the number of children, youth, and their families receiving timely access to mental health services and support in the Interior Health and Vancouver Island regions. The Collaborative is jointly funded by Doctors of BC and the government of BC.*