

*An Information Booklet
for Tompkins and Seneca County Educators*

Quick Facts: Bipolar Disorder



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

www.mentalhealthconnect.org

Jayden McCune, Program Director
Possibilities Program & Expanding Possibilities
555 Warren Road
Ithaca, NY 14850
Phone: 607-257-1555 ext. 385
Fax: 607-697-8218
E-mail: jaydnmcss@rackercenters.org
Website: www.mentalhealthconnect.org

What is Pediatric Bipolar Disorder?

Bipolar Disorder, previously called manic depression, is a biological brain disorder that causes intense vacillation in mood, energy, thinking, and behavior. Children and adolescents with Bipolar Disorder—whose symptoms manifest very differently than in adults—can experience severe and rapid mood changes many times each day. Although environmental and/or social conditions may exacerbate symptoms, people with this disorder do not have control over their mood swings.



Types of Bipolar Disorder

Researchers have identified varying subtypes of Bipolar Disorder. These subtypes differ in frequency, intensity, number and duration of mood episodes. In most subtypes, a person's mood shifts in well-defined phases that can last for hours, days, or even years. These phases are often less defined in children. Below are common sub-types.

Bipolar I: Fluctuates between periods of *intense* mania and *major* depression

Bipolar II: Fluctuates between periods of *mild* mania and *major* depression

Bipolar Mixed Type: *Simultaneous* symptoms of mania and depression

Bipolar Rapid Cycling: *Quickly switching* periods of mania and depression, sometimes many times in a single hour

Cyclothymic Disorder: Periods of *mild* mania and *mild* depression

Getting Linked

For all people in our region:

Guide to local youth mental health resources

www.mentalhealthconnect.org

Suicide Prevention and Crisis Service

www.suicidepreventionandcrisiservice.org

607-272-1616 or 800-273-TALK (8255)

For people in Tompkins County:

Dial 2-1-1 (or 877-211-8667) to reach Tompkins County 2-1-1, a local health and human services information and referral program.

Also online at www.hsctc.org

Tompkins County Mental Health Clinic

www.tompkins-co.org/departments/deail.aspx?DeptID=28

607-274-6200

Family and Children's Services of Ithaca

www.fcsith.org

607-273-7494

Mental Health Association of Tompkins County

www.mhaedu.org

607-273-9250

For people in Seneca County:

Dial 2-1-1 (or 877-356-9211) to reach the Finger Lakes Region 2-1-1, a local health and human services information and referral program.

Also online at

www.211fingerlakes.org

Seneca County Mental Health Clinic

www.co.seneca.ny.us/dpt-comserv-mental-health.php

315-539-1980 or 800-226-7415

Child Care Referral and Parent Resource Services

www.cfresources.org

1-800-881-5786

For people in Cortland County:

Cortland County Mental Health Clinic www.cortland-co.org/mhealth/clinic.htm

607-758-6100

For people in Schuyler County:

Dial 2-1-1 (or 800-346-2211) to reach the 2-1-1 helpline, a local health and human services information referral program.

Also online at www.211helpline.org

Schuyler County Mental Health Clinic

www.schuylercounty.us/mentalhealth.htm

607-535-8282

National Resources

School Psychiatry Program

www.schoolpsychiatry.org

Child and Adolescent Bipolar Foundation

www.bpkids.org

Depression and Bipolar Support Alliance

www.dbsalliance.org

Juvenile Bipolar Support Alliance

www.bpchildresearch.org

National Alliance on Mental Illness

www.nami.org

American Academy of Child and Adolescent Psychiatry

www.aacap.org



Cultural Considerations

Existing research suggests that Bipolar Disorder affects all races and genders equally. Pediatric Bipolar Disorder has gained great attention in the research world, however, most of the research studies are occurring in the United States and may not take into account norms from other cultures.

As always, culture needs to be a central consideration when diagnosing and treating students with any mental health concern.

Schools must become familiar with the health and mental health beliefs of the students and their families in their care and must be culturally responsive when talking with students and their families about their mental health related concerns.



Prevalent Signs & Symptoms of Bipolar Disorder

Symptoms of mania may include:

- Mood lability (switching between euphoria and irritability), rages and explosive temper tantrums that last a long time, oppositional or aggressive behavior
- Incessant and indiscriminate enthusiasm for interpersonal interactions
- Inflated self-esteem ranging from slightly elevated self-confidence to delusional grandiosity (i.e. thinking one has super powers)
- Decreased need for sleep that may allow the person to go days without sleeping and not feeling tired
- Manic speech that is typically pressured, loud, fast, and difficult to interrupt; a person may speak for hours non-stop without regard for the people around them
- Flight of ideas or a sense that thoughts are racing; a person's thinking and speaking may switch rapidly and without logic between topics
- Increased distractibility, hyperactivity, and impulsivity; restlessness and fidgetiness
- Excessive increase in goal-directed activity
- Excessive involvement in high risk pleasurable activities, impaired judgment

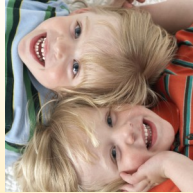
Symptoms of depression may include:

- Depressed or irritable mood; oversensitivity to emotional or environmental triggers
- Psychomotor restlessness or retardation, fatigue and/or loss of energy
- Increase and/or decrease in appetite or sleep patterns
- Indecisiveness and diminished concentration
- Feelings of worthlessness or guilt
- Diminished interest in usual activities, social withdrawal
- Recurrent thoughts of death or suicide, risky behavior

Developmental Variations

Early Childhood (@3-6 years old)

Bipolar Disorder is rarely diagnosed in this age group. Early symptoms of emerging Bipolar Disorder may resemble symptoms of other childhood disorders such as ADHD. Though very young children are less likely to have clearly defined “episodes” of this illness, some early symptoms in this age group may include tantrum like rages that last for a long time, destructiveness, impulsive and/or hyperactive behavior, and mood swings that are triggered by limit setting.



Middle Childhood (@7-12 years old)

During this developmental stage, Bipolar Disorder continues to resemble other disruptive behavior and mood disorders making accurate diagnosis challenging even for well seasoned clinicians. Along with the mood dysregulation and behavioral problems seen in early childhood, interpersonal relationships with peers may begin to be negatively affected. It is not uncommon for children of this age group to begin finding vocabulary for the symptoms they experience and may complain of such things as “racing thoughts.”



Adolescence (@13-18 years old)

Bipolar Disorder becomes easier to diagnose in adolescence as its presentation becomes more consistent and similar to adult Bipolar Disorder. Puberty is a time of heightened symptoms and risk for adolescents with Bipolar Disorder. Adolescents with this disorder may increasingly engage in high risk behaviors such as substance abuse, self-injury (i.e. cutting), and reckless sexuality.



Educational Implications

Pediatric Bipolar Disorder is a chronic illness that may cause major disruption in schooling for both young children and adolescents. At school, students with Bipolar Disorder may experience symptoms of mania and/or depression, sometimes in a very short time period.

During a manic episode, a student may be excessively happy and cause disruption, exhibiting such behaviors as inappropriate humor or laughing hysterically for no reason. They may also be grossly irritable, short-tempered, and frustrated or may talk incessantly, interfering with learning for themselves and those around them. They may be disorganized in their thinking and have difficulty paying attention and sitting still. Hours or days later, in a depressive episode, this same student may experience a loss of energy, feel worthless and guilty, and have persistent thoughts of death or suicide.

Each student with Bipolar Disorder comes with unique symptoms that may have major negative consequences within the learning environment, creating a high risk for school failure.

