

# **Someone You Care About has a Mood Disorder**

**Information for  
families and friends**





**Bipolar Support**  
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## **Introduction**

Mood disorders affect the whole family, not just the person with the mental illness. However, friends and families are often left in the dark, struggling to cope and not knowing how they can help. This booklet was written for them. It was commissioned by Balance NZ – Bipolar and Depression Network and Bipolar Support Canterbury.

Twenty percent of New Zealanders will experience mental illness, in many cases a mood disorder of some sort. Both males and females are affected, and for this reason, we have used both genders alternately throughout the booklet. Any statement that applies to one sex will usually apply equally well to the other.

## What is a Mood Disorder?

A mood disorder is a mental illness characterised by abnormality of mood. Bipolar disorder and depression are both mood disorders. Depressed people often feel sad, hopeless, worthless and miserable, and may lose all enjoyment in life. The physical symptoms include sleep and appetite disturbances, tiredness and lethargy. People with bipolar disorder – formerly known as manic depression – experience periods of abnormally high mood (mania or hypomania) and usually depression as well. Both bipolar disorder and depression can be successfully treated by a number of means including medication, counselling, diet and exercise.

Some people recover completely from depression while others may have further episodes. Bipolar disorder tends to be a recurring illness that a person needs to manage throughout his or her life. Bipolar disorder often runs in families and, in at least some people, is likely to be genetic. Likewise, some people may inherit a tendency to be susceptible to depression.

Like most psychiatric illnesses, there is not a definite scientific explanation for mood disorders. Genetics may play a part, chemicals in the brain (e.g. serotonin, dopamine) could be involved, and stressful life events are sometimes a trigger. Just because mood disorders affect the mind, it doesn't mean they are any less real than physical illnesses, nor does it mean they don't cause just as much human suffering.

The main way we understand mood disorders is from a medical perspective, i.e. as illnesses that can be treated by doctors. Not everyone with a mood disorder subscribes completely to this point of view, and each person needs to come to his own way of making sense of what has happened to him and what might happen again. This is the same for family and friends: the challenge comes when your way of making sense of things as a family is different to your loved one's way. Having different opinions is okay, though it is important to keep the lines of communication open and work on understanding each other's point of view.

To find out more about mood disorders contact Balance NZ <[www.balance.org.nz](http://www.balance.org.nz)> or the Mental Health Foundation <[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)>. The Mental Health Foundation produces booklets about depression, bipolar disorder and many other types of mental illness. The *Living Well with Bipolar Disorder* booklet, produced by Balance NZ and Bipolar Support Canterbury, thoroughly explains this disorder and its treatment in easy-to-follow terms. The Ministry of Health also has a booklet on dealing with depression which can be obtained free by phoning 0800 111 757 or going to <[www.nzgg.org.nz](http://www.nzgg.org.nz)>.

Other books about depression and bipolar disorder include:

*An Unquiet Mind* by Kay Jamison. Published by Knopf, New York in 1995.

*Bipolar Disorder: A Guide for Patients and Families* by Francis Mondimore. Published by John Hopkins University Press, Baltimore in 1999.

*A Mood Apart: Depression, Mania and Other Afflictions of the Self* by Peter Whybrow. Published by HarperCollins, USA in 1998.

Your local library may have some of these books, or others, in its mental health section.

## **Dealing with the Diagnosis**

It is common for a person to feel all kinds of strong emotions – shock, anger, denial, relief – when diagnosed with a serious mental illness. This is also true of the people close to the person with the illness. Partners and family members may feel a deep sense of loss; they may feel guilty, wondering if there was something more they could have done; they may be fearful of the future and an illness they don't yet understand.

However, given time, most people come to terms with their mental illness and learn to manage it as best they can. Hopefully their loved ones too will come to accept and understand it. The support and acceptance of family and friends will have a major influence on a person's recovery.

One of the first things you can do when you discover your loved one has a mood disorder is to find out all you can about it. Knowing more will reduce your anxiety and will help you to understand why your loved one might be behaving in a particular way.

The diagnosis may seem like terrible news when you first hear it, but you can put things in perspective by reminding yourself that most people suffering from an episode of depression or mania do recover. Mood disorders are, fortunately, very treatable, though you cannot expect instant results – sometimes it takes years to find the treatment that best suits a particular person. Some people will require daily medication throughout their lives while others will not.

## **How do mood disorders affect relationships?**

People with depression or bipolar disorder behave differently when they become unwell. Bipolar disorder often involves two extremes of unusual behaviour, and other people can find this difficult to comprehend. Someone who has taken on all kinds of commitments while on the roll of a high may be quite unable to fulfil them once depression strikes, as it almost inevitably does. And even those suffering from depression have good days and bad days: on a good day a person might venture into the outside world, but on a bad one she might be paralysed by melancholy.

These are some examples of manic behaviour:

- excessive spending, dangerous driving, sexual promiscuity and other reckless pursuits
- fixation with certain activities to the exclusion of everything else
- excessive talking and lack of inhibition about phoning people late at night
- exhibitionism and grandiosity
- verbal or physical abusiveness
- increased spirituality.

Please note that this list is not exhaustive: not all people with bipolar disorder display these traits when manic – it affects people in many different ways. Hypomania is less extreme than full-blown mania, which in some ways is worse for relationships, as other people often don't notice or realise that anything is wrong.

As with mania, depression sometimes drives other people away, especially if it is present for a long time. Some sufferers don't know they have an illness but believe it's just the way that they are. A depressed person may:

- fail to communicate with others
- have a very negative outlook
- have no energy to do normal tasks
- lose all interest in activities previously enjoyed
- lack concentration
- eat for comfort
- attempt to dull the pain with alcohol or other drugs



- be paranoid or delusional (especially with bipolar depression)
- become angry or frustrated
- seem over-sensitive
- be quite depressing to be around.

Depression affects people in many different ways, and the above will not apply to everybody. Also, people will have a variety of ways of coping with their depression. Some will do atypical things (e.g. spending money they don't have, working long hours, exercising excessively), but that doesn't mean they are not depressed, it just means they have different ways of dealing with it.

All types of mood disorders interfere with a person's ability to fulfil his or her commitments to others. Moreover, many symptoms of depression and mania can be perceived by others as malicious, lazy or intentional. Both mania (or the milder hypomania) and depression can seriously damage friendships, especially if the friend does not realise the antisocial behaviour is a result of the illness and is not a character flaw. Sometimes relationships become so strained that friends and/or family want nothing more to do with the person who is ill. If this happens the person with the mood disorder may feel betrayed, even after s/he gets well.

## **What can I do to help the person with the mood disorder?**

You can offer love, support and understanding. This could be more difficult than it sounds, as your loved one may be difficult to live with, or even to be around, as a result of his or her mood disorder. To make it worse, people suffering from mania often don't realise they are ill, and don't see their behaviour as inappropriate or inconsiderate.

The ways in which you can help will depend on whether your friend or family member is experiencing a high or a depression. People with bipolar sometimes have mixed episodes, where symptoms of depression and mania coexist. During manic or mixed episodes a person may become delusional, losing his grip on reality to some extent or another. This can be quite frightening to the person experiencing it – and perhaps to those around him. You can help by staying calm and providing reassurance.

When your loved one is depressed let her know that you are there for her, and that you care she is hurting. Don't tell someone you know how she feels: it's better to let the person know that you are there to listen if she wants to talk about the way she is feeling. Depression can be a very isolating illness: a sufferer will often stay confined to her home despite being desperately lonely. If you are a friend the best thing you can do is to carry on being a friend, even when the depressed person seems unable to respond to your friendship.

Mood disorders can be very frustrating for those close to the sufferer. You can't make the person well: all you can do is be there to support him through his recovery, which may be a very slow process. It will help if you understand that getting back to normal takes time: be content with small amounts of progress, and don't expect too much of your loved one too soon.

What helps one person feel better may not be the same as what helps another. Some people like to talk about their problems while others prefer to be distracted from them. Some people like to be given time alone to heal themselves. If you're not sure how to help, just ask.

Somebody who is seriously unwell with a mood disorder may be in hospital, or at least unable to do practical things like cleaning, cooking and grocery shopping. This can be especially problematic if the ill person has dependents. At times like this families will be grateful for friends who will help them out, even with little things (e.g. an hour of babysitting, a load of washing, a whiz round with the vacuum cleaner).

Since mood disorder tends to be recurring, you can help the person close to you by watching for warning signs that she is becoming unwell again. Changes in behaviour that signal an impending episode of depression or mania may be so subtle that they are only noticed by those very close to the person. If you notice these changes you should encourage your loved one to seek help before she becomes seriously unwell.

In summary:

- do offer love, support and understanding
- be patient
- acknowledge every step of progress that your loved one makes and the courage it took to make that progress
- find out as much as you can about the illness
- remember that practical things are helpful too
- ask the person what he needs if you're not sure how to help
- be aware of the warning signs for a relapse.

There are some things that might seem helpful but actually are not. Lecturing someone to pull herself together and look on the bright side will only make her feel worse. People with mood disorders are not in control of their moods, therefore it is impossible for them to simply snap out of it. If a person is delusional it is not helpful to argue with her about what is real and what is not – delusions will not go away by reasoning. Mood disorders sometimes make people behave strangely (or even violently), especially when psychosis is involved: you shouldn't take this behaviour personally.

Should you hide recreational drugs or alcohol so that they won't be used by someone with a mood disorder? That's a tricky one, and it probably depends on the circumstances. If somebody wants these substances badly enough he will find a way to get them. Alcohol and marijuana are depressants, so won't help somebody recover from a mood disorder, and they may even precipitate an episode. If you are going to partake, it is better if you don't do it around the person who is ill: you can't necessarily stop a person from drinking or taking drugs, but you don't want to appear to condone it either.

There is a line between helping and helping too much. You don't need to take over tasks that a person can do for herself. Your loved one will usually be able to speak for herself, so let her do that. You can't protect her from everything other people will do or say, and nor should you try. If somebody says something hurtful to your loved one, let her deal with it: you can talk it over with her later.

## The effect on the family

A mood disorder never affects just one person: depression and bipolar disorder are family affairs, affecting every member of the family to some extent. Mental illness tears some families apart, yet brings others closer together. Certainly the person with the mood disorder will benefit from having a family that pulls together – in spite of the stress and the difficulties – to help her get through it.

When a family member is affected by severe episodes of depression and/or mania this will impact on the family in a number of areas:

- the illness will have emotional effects
- it will have social effects
- the family structure may change
- individual family members may change
- expectations may have to be adjusted and goals re-evaluated
- stress levels may be high, especially where there is a threat of suicide
- communications between family members may become strained.

It's quite common for members of a family affected by a mood disorder to feel angry or resentful about various things – the behaviour of the person who is unwell, decreased family income, or disruption of family routines. The anger is often followed by guilt. There may be a continuous cycle of anger and guilt, which only stops when the reasons for the anger are addressed.

It could be that expectations are too high – for the person with the mood disorder and for the family in general. The person who is sick may simply be unable to fulfil his or her responsibilities in the short term, or even in the long term. The family may have to adjust to a reduced income, especially if the breadwinner has had to leave his or her job.

Children, in particular, can become jealous or resentful if they feel too much attention is being devoted to the sick family member and not enough to them. Other children attempt to be perfect so as to spare their parents more grief: they may feel they have to take on adult responsibilities and may be reluctant to share their own problems. Growing up with mental illness in the family affects all aspects of a child's life, including his feelings about himself and his relationships inside and outside his family.

Regardless of which member of the family is ill, role relationships often shift in response to the illness. One parent may have to take on the responsibilities of the other, and older children may start doing things that were formerly done by their parents. All members of the family are subjected to demands far greater than would normally be expected, and stress levels may be high.

Any serious illness in the family will lead to increased stress, and that is particularly true when somebody is suffering from a mood disorder. If family is continually trying to anticipate a change of mood or a return of symptoms in the person with the mood disorder, the home environment can be very tense. The family members closest to the person with the mood disorder might put their personal ambitions on hold in anticipation of the next crisis. Other family members may simply distance themselves – both physically and emotionally – in order to cope with the anxiety.

Reducing stress needs to be a priority in a family dealing with a mood disorder. A calmer atmosphere will benefit the whole family, particularly the person with the mood disorder, as mood episodes are often triggered by stress. Establishing clear expectations and structure within the family might go a long way towards reducing overall tension. It could help to have specific plans for dealing with any problem behaviours. Also, plans could be made to ensure each family member has time to pursue his or her own interests.

Good communication between family members helps to reduce stress. It is important to talk about problems together and work out solutions together. It's also important to share information concerning the illness, and this includes telling children as much as they are able to understand. If all family members have an understanding of the mood disorder they are less likely to perceive its symptoms as being malicious or intentional.

## **When your partner or spouse has a mood disorder**

Mood disorders place a great deal of strain on intimate relationships, especially when one person develops depression or bipolar disorder after the relationship has become established. Partners and spouses often get very little information or support from the mental health services and are left struggling alone with difficult challenges. Coping with the problems of both depression and mania is especially challenging.

Mania can lead to spending sprees in which a person might get into debt or spend money that also belongs to her partner. It might render someone incapable of doing her job properly, with the result that the person loses her job. Social contact is more rewarding for somebody who is high, and she may flirt with other people or even have an affair, thus causing a great deal of damage to her relationship with her partner.

Depression causes problems of a different kind. The depressed person may become very negative and pessimistic, and may withdraw from everybody, including his partner. It is common for a depressed person to have no interest in sex. A moderate to severe depression will almost inevitably interfere with a person's ability to fulfil his day-to-day commitments, and he may be unable to do his job or look after his children.

Mood disorders often don't emerge until a person is in her twenties or thirties, and some women develop depression or bipolar disorder after childbirth. This places extra strain on a couple, as they have to deal with the illness as well as look after their children. The support of the healthy partner is vital in these situations.

Children can become very confused when a parent has a mood disorder. If the parent has few periods without symptoms it can be difficult for a child to differentiate behaviour that is a result of the illness from 'normal' behaviour. In these cases the other parent will need to teach the children about the illness and to ensure that they have a secure home environment. It is important that the children understand the illness is not their fault, and that there is nothing they could have done to prevent it. An open discussion about the illness can help to give a child some sense of control in an otherwise overwhelming situation.

If your partner has severe bipolar disorder you may have to take steps to protect yourself and your family against your partner's reckless manic behaviour. In particular, keep your assets and finances protected: if necessary, avoid joint bank accounts, joint credit cards and put major assets in your name. The safety of the children is paramount, so do what you need to do to protect them, even if it hurts your partner's feelings.

After reading all this, you may be thinking why would anybody want to have a relationship with someone who has a mood disorder? It sounds like it's all bad, but in reality it isn't. If you can get through the bad times together, there will be many, many good times. A lot of people find that having made it through the rough patches makes them stronger as a couple.

Having said this, it is important to work on the relationship when both partners are well. The illness may have formed rifts that need to be healed. Partners can find it useful to discuss their feelings about the experience of illness with each other. With your help, your partner may be able to recognise the signs of a relapse, and so seek help before the symptoms get out of control. Mood disorders usually improve when a person develops a 'wellness lifestyle'<sup>1</sup>, something which will be much more attainable with your ongoing, loving support and participation.

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<sup>1</sup> See the *Living Well With Bipolar Disorder* booklet, or visit <[www.balance.org.nz](http://www.balance.org.nz)>

## When your child has a mood disorder

While mood disorders are more common in adults and adolescents, they do occur in children too. However, they are more difficult to diagnose in children, for all of the following reasons:

1. Children are constantly changing – physically, cognitively and emotionally.
2. Children are not good at telling us how they feel (their behaviour is a better guide to their emotional state).
3. The symptoms of mood disorders are sometimes exaggerations of normal childhood behaviour (at some developmental stages), or behaviour that is normal in some situations.

Another difficulty is that early-onset bipolar disorder is often accompanied by a behaviour disorder (e.g. attention deficit hyperactivity disorder), an anxiety disorder (e.g. obsessive compulsive disorder) or a developmental disorder (or the mood disorder may be initially misdiagnosed as another disorder). The diagnosis of bipolar disorder in children is controversial, as some experts believe it can't be accurately diagnosed until adolescence.

Mood disorders in children often manifest themselves differently to the way they do in adults. For example, a bipolar child may cycle very rapidly between the highs and the lows, and extreme rage could be a major symptom. Depressed children often express boredom or anger rather than sadness. As a parent, it may be difficult for you to know whether your child is being naughty, or whether the behaviour you are seeing is a symptom of the mood disorder.

Mood disorders in children are complex, and parenting such a child is no easy task. Family therapy – whether with the whole family, or with the mood-affected child and one or both parents – may help to improve communication and resolve problems. You might find it useful to seek parental guidance so that you can develop specific strategies that will be helpful in raising your child. Mood disorders are not caused by bad parenting, so don't be tempted to blame yourself for your child's illness. Whatever you do, it is important for the welfare of all family members that you put up your hand and ask for help when you need it.

The following references may be useful to parents of children with mood disorders:

*The Bipolar Child* by Demitri and Janice Papolos.

Third edition published by Broadway Books, New York, in 2006.



*Raising a Moody Child: How to Cope with Depression and Bipolar Disorder* by Mary A. Fristad and Jill S. Goldberg Arnold.  
Published by The Guilford Press, New York, in 2003.

While it is hard raising a child with a mood disorder, it is also hard to be the parent of an adolescent with bipolar disorder or depression. You might have had to watch your formerly well-adjusted teenager become irritable, angry and uncommunicative almost overnight. Some teenagers have difficulty coming to terms with the diagnosis of a mood disorder – as do some adults, for that matter – and may refuse to accept they have an illness at all. The family should encourage the young person to continue with treatment, as an unmanaged mood disorder will inevitably lead to him missing out on education and the various social experiences that are part of the journey to adulthood.

As we grow up we learn to take responsibility for our own actions, and those of us with mood disorders have to take responsibility for managing our mental health. It can be hard watching a teenager make mistakes, but sometimes parents have to do just that. Teenagers with bipolar disorder can have a number of episodes, and have to deal with a lot of strife, before they learn to take responsibility for themselves.

Parents cannot take medication for their teenager, nor can they monitor his or her every move. However, parents can provide unconditional love: a young person with a mood disorder needs to feel loved in order to deal with an illness that destroys self-esteem and confidence.

If you are the parent of an adult with a mood disorder you might still spend a lot of time worrying about your child. Offer as much support as you are able, but remember to always treat your son or daughter like an adult. Don't feel you have to bail your child out of any financial difficulties, and establish boundaries such as not lending money if you notice manic or hypomanic symptoms.

Mental illness used to have a lot of stigma attached to it, and some people still feel awkward talking about it. Some parents simply won't accept that their son or daughter has a mood disorder, and will pretend that it doesn't exist. This may damage the parent-child relationship, as the child may feel her parents are ashamed of her. Even adult children desire the approval of their parents. When a mood disorder has cost a person worldly success, it can certainly help that she knows her family is still proud of her.

## Coping with crisis situations

At times when your friend or relative is acutely unwell, you may find yourself having to deal with a crisis such as self-destructive or suicidal behaviour, violence, or out-of-control mania. Your own behaviour will have a major impact on the person, so it is important that you remain calm. Avoid threatening, shouting, or criticising, and don't argue with other family members over how the crisis should be handled.

Crises are a lot less stressful if plans have been made in advance. Many people with mood disorders like to make crisis plans when they are well, so that they don't lose all control over what is going to happen if they become seriously unwell. If the person with the mood disorder has dependents, it is very useful to have made arrangements to ensure they can be well cared for in the event that their mother or father becomes incapacitated by mental ill-health. The Wellington organisation Kites has produced a plan – Kids' Plan – for children to write down what should happen to them if their parent becomes unwell.

Some people with mood disorders prefer to go to hospital during a severe episode, while others prefer to get well at home. Home care is certainly possible – and is in fact better for some people – but the support of the person's loved ones and mental health professionals will be needed. It is important that the core support people make their needs known too: for example, if you can't cope with having a psychotic relative at home then you must say so.

## Violence<sup>2</sup>

People with mood disorders are not usually violent towards others. Highs and lows often make people very irritable, to the point where there will be an angry outburst. However, in most cases, physical violence only happens during psychosis. Someone who is psychotic has a distorted sense of reality (e.g. he may see or hear things that aren't there, he may become paranoid, he may believe things that are obviously untrue) and is less capable of controlling his actions.

When dealing with violent behaviour, your first priority is to make sure nobody gets hurt. Somebody who is becoming increasingly violent probably needs to be admitted to hospital. If the person won't agree to visit his or her doctor/mental health professional, you'll need to ring the psychiatric emergency service and

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<sup>2</sup> Mood disorders are not known to be associated with an increased risk of violence. Violence in general is not an acceptable thing. Here, we have only written about violence that is related to psychosis.

possibly the police. If ringing the police, be sure to tell them that it is a psychiatric emergency and ask them to be as sensitive as possible.

While you wait for help to arrive, try to stay calm and speak without raising your voice. Also, don't do anything that will make the unwell person feel threatened (e.g. avoid continuous eye contact or touching, don't stand over the person or block the doorway). Be aware of your own safety and that of other people in the house. If there are children present it would be a good idea to have a friend or neighbour come and take them away.

### **Suicidal behaviour**

In general, people with mood disorders are more likely to harm themselves than anybody else. Depression can cause people to lose all desire to live, but most don't actually want to die – they just want to escape from the pain they are in. A person in a manic state may also be in danger of harming himself, especially if he has reached a stage where he cannot judge what is safe and what is not. Dysphoric, or mixed, mania may also be a risk in regard to suicidal behaviour as people experiencing this kind of mania may act impulsively, with their mood swinging very rapidly from euphoria to desperation.

The threat of suicide is an extremely stressful thing for a family to live with. When your loved one is overtly suicidal you need to seek professional help as soon as possible. However, the signs that someone is contemplating suicide aren't always very obvious, and suicide is sometimes an impulsive act. Here are some warning signs that the family should look out for:

- feelings of hopelessness, worthlessness, anguish or desperation
- a preoccupation with death
- writing a will, giving possessions away, or otherwise putting affairs in order
- social withdrawal
- increased risk-taking
- having an actual plan by which to commit suicide
- hearing voices that command self-mutilation or suicide.

Anybody who talks about suicide needs to be taken seriously. Most people who complete suicide give clues or warning signs of their intent. It's okay to talk with somebody about suicide, in a safe environment, as it shows you are concerned and

willing to listen. Most people contemplating suicide would rather live, if only they could find a better way to live.

Research shows that people who have attempted suicide once are quite likely to attempt it again. A person who seems to be brighter after recovering from a suicide attempt is not necessarily out of danger – the lifting of feelings may be due to the person having made a firm decision to take his or her own life. Families and friends often worry about leaving a loved one with suicidal tendencies alone, but in reality it is extremely difficult to provide constant supervision.

What do you do when your friend or family member is suicidal?

- Try to make the environment safe from any means of harm (e.g. remove weapons and other means of suicide such as medications).
- Don't leave the person alone – if you can't stay, contact other support people.
- Be willing to listen without judgment, but understand that the person may not want to talk with you.
- Express your empathy and concern and ask the person how she is thinking and feeling.
- If you are really concerned, get help immediately: contact your doctor or local mental health service or local psychiatric emergency service. If you need to, call 111 for the emergency services.

About 500 New Zealanders take their own lives every year, most of these being sufferers of mental illness. These deaths always leave families and friends shocked and bewildered. A person who is determined to die may ultimately be successful. These tragedies cannot always be prevented.

The loved ones left behind are often haunted by feelings of guilt – they keep wondering if there was something more they could have done to prevent the person's death. A suicide may leave those close to the victim feeling hurt, abandoned or angry. You are not responsible for another person's actions: if your loved one has committed suicide you must not go through life blaming yourself for it.

People close to suicide victims will be severely traumatised by what has happened and will need support in order to heal and move on with their own lives. The Ministry of Health has recently funded a new initiative designed to develop and deliver a range of support services for individuals, families and whānau bereaved by suicide.

This initiative will include:

- a national suicide bereavement support service to be delivered by trained Victim Support workers with these workers trained, managed and supervised by a suicide bereavement specialist
- a service to help communities develop a plan to respond to suicide
- a flexible response team to provide support to institutions or communities in which there has been a suicide cluster
- support for families after a serious suicide attempt in which the person did not die.

It will be some time before all of these services are fully developed and able to be offered throughout New Zealand. In the meantime these are the best places for families to go for advice or information about support after a suicide:

- Your family doctor.
- Local Victim Support (see Personal Help Services on page 6 of your local telephone directory). Check (or call 0800 VICTIM) personal help services of your local phone book to see if there is a local Bereaved by Suicide Support Group.
- Lifeline.
- Depression Support Networks (if available locally).

The booklet “After a Suicide” may be helpful and can be downloaded via a link on the Balance NZ website to the Ministry of Health.

For further information on the issue of suicide and its prevention:

- SPINZ (Suicide Prevention Information New Zealand) <[www.spinz.org.nz](http://www.spinz.org.nz)>
- The Canterbury Suicide Project also has useful information on its website: <<http://www.chmeds.ac.nz/research/suicide/index.htm>>

## Getting support for yourself

Supporting somebody with a mood disorder can take its toll on the most stalwart of individuals. You may become anxious, depressed or physically ill as a result of the stress. It is imperative that you take care of yourself: if you don't you will be of no use to anybody else.

Talking about what you are going through will help you to deal with it. You could attend a support group for the families and friends of people with mental illnesses, or you could confide in a close friend or counsellor. No matter how bad things are, always make some time each day to enjoy something that you like doing.

You will be under more stress if your loved one is not receiving support from other sources. People with long-term mental illness are often entitled to assistance from the State. After a needs assessment, your relative may be given extra help such as having someone come in to do housework on a regular basis (it doesn't matter if the person lives with you – he or she could still be entitled to this type of assistance).

Accessing support for your family can be something like negotiating a minefield – even health professionals are often unsure what services are available for the families of people with serious mental illness. A local advocacy organisation (e.g. Bipolar Support Canterbury, your local branch of Supporting Families) should be able to help you find out what you are entitled to and how to access it. If you are the main carer of a person with a mood disorder (providing > 4 hours care/day) you may be entitled to Carer Support.

Carer Support is a subsidy paid by the Ministry of Health or a District Health Board for the purpose of giving regular, full-time, unpaid carers a break. The subsidy is not paid to the full-time carer, or to anybody living in the same house as the person requiring care. It provides reimbursement of some of the costs of care provided by another party (e.g. friends, neighbours, members of the extended family, or to people who provide relief care in a rest-home or respite facility). Carer Support can be accessed through a needs assessment agency after a referral from an inpatient or outpatient mental health service.

These are some of the things you can do to look after yourself:

- join a support group (and encourage your loved one to join one)
- talk to a friend
- take time out for yourself
- live a healthy lifestyle: exercise, eat well, get enough sleep

- ask other people to help support the unwell person
- ask for help for the family
- enquire about planned respite care for the person with the mental illness
- use the services of the organisations that support families affected by mental illness – you don't have to cope alone.

Organisations that support people and families affected by mood disorders include:

**Balance NZ – Bipolar and Depression Network** <[www.balance.org.nz](http://www.balance.org.nz)>

A charitable trust that makes a difference to the lives of those affected by bipolar disorder or depression. The website provides online support and contact details for support groups throughout New Zealand.

**Mental Health Foundation NZ** <[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)>

Works in areas of research, advocacy, resource development and mental health promotion, endeavouring to enable individuals, whānau, organisations and communities to improve and sustain their mental health and reach their full potential. Phone 09 300 7010 or for the resource centre 09 300 7030.

**Barnardos Family Support**

<[www.barnardos.org.nz/SupportServices/FamilySupport.asp](http://www.barnardos.org.nz/SupportServices/FamilySupport.asp)>

A one-to-one service developed for families under stress. Support workers visit the families in their own homes to help them develop skills in parenting, family relationships, household management, budgeting and how to use community resources. Contact your nearest Barnardos office for further information.

**Bipolar Support Canterbury** <[www.bipolarsupportcanterbury.org.nz](http://www.bipolarsupportcanterbury.org.nz)>

Provides information about the disorder, runs peer support groups, offers a one-to-one support service and runs education and information sessions. Their focus is on the needs of people within Christchurch city but they do send their pamphlets out within New Zealand.

**Depression Support Network** <[www.mherc.org.nz/depressionsupport.htm](http://www.mherc.org.nz/depressionsupport.htm)>

Provides community support for young people and adults in Canterbury whose lives are affected by the experience of depression. Support is also available for people who are actively supporting a friend or family member who is experiencing depression.

**Families Commission** <[www.familiescommission.govt.nz](http://www.familiescommission.govt.nz)>

The Families Commission is an advocate for the interests of New Zealand families. They promote the interests of all families and promote a better

understanding of family issues and needs amongst government agencies and the wider community.

**The Mental Health Education and Resource Centre** <[www.mherc.org.nz](http://www.mherc.org.nz)>

Provides a free mental health library to the people of Christchurch and the southern region of New Zealand. They can put you in touch with support groups.

**Supporting Families** (formerly Schizophrenia Fellowship) <[www.sfnat.org.nz](http://www.sfnat.org.nz)>

All branches of Supporting Families (Schizophrenia Fellowship) offer family and whānau support, advocacy and information.

**SF Auckland** <[www.sfauckland.org.nz](http://www.sfauckland.org.nz)>

Develops peer support networks for families affected by serious and enduring mental illness. Provides opportunities for mutual support, the sharing of experiences and gaining the strength and skills to cope better. Promoting the rights and needs of individuals and families affected by mental illness. Offering advocacy and advice to people about services, and to services about family issues. The website provides contact details for support groups through Auckland and Northland.

**Relationship Services** <[www.relate.org.nz](http://www.relate.org.nz)>

Offers counselling and relationship support. Phone 0800 RELATE (0800 735 283) during business hours for further information or to make a booking for counselling.

**Victim Support** <[www.victimsupport.org.nz](http://www.victimsupport.org.nz)>

Victim Support provides 24 hour emotional support, personal advocacy and information to all people affected by crime and trauma throughout New Zealand. Phone 0800 VICTIM (0800 842 846).

Various church groups and community cottages (community family workers are often based at community cottages and community centres) also offer services or activities that support families.

Other relevant projects include:

**The National Depression Initiative (NDI)** is a national project to raise awareness of depression, to aid early recognition, appropriate treatment, and recovery. There is a campaign website <[www.depression.org.nz](http://www.depression.org.nz)> and a helpline for those wanting more information and support on 0800 111 757.



## **How can Balance NZ assist family and friends?**

For a start, the Balance NZ website <[www.balance.org.nz](http://www.balance.org.nz)> will help people find a support group for their family member or friend, and in some places there are support groups for family members. The website contains specific information about NZ support groups, including a registry of contacts and contact people. It costs \$50 for an annual group membership to Balance NZ (if the group cannot afford membership it can still join the email mailing list for free). Group details can easily be updated online – just nominate a group representative and s/he will receive training in how to do this.

The Balance NZ website contains a wealth of information about the treatment and management of bipolar disorder and depression, as well as summaries of recent findings from international and NZ-based research. In addition, members have online access to a searchable database of items held by the Balance NZ resource library. Selected items are available for lending from the National Office on request.

Members of Balance NZ receive newsletters three times a year and can attend the national training days and regional workshops at a discounted rate. From 2008 members will be able to access interactive online training in a variety of topics (e.g. Introduction to the Wellness Recovery Action Plan (WRAP), Maori WRAP Programme, Psychoeducation for Bipolar Disorder, Intentional Peer Support). Balance NZ is developing an online community for those affected by depression or bipolar disorder (i.e. peer support online). Specialist groups (e.g. parents of children with bipolar disorder, spouses of those with affective disorders, peer support workers) will have their own discussion forums. Board members of Balance NZ also meet monthly via a separate e-meeting site. Our Creating HOPE project (Health through Online Peer support and Education) aimed at expanding our website peer support services is an ongoing initiative.

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## Membership Form

*I would like to become a supporter of Balance NZ - Bipolar and Depression Network*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

I would like to be added to the mailing list. I prefer email or post or both (circle).

**Cheque enclosed for annual subscription:**

Individual \$20/Family \$30

Organisation/Group \$50

Corporate Sponsor \$100

Donation/koha for \_\_\_\_\_

### **Membership is open to everyone.**

If you wish, you can indicate whether you are a consumer, family, or health professional affiliate. Membership fees are spent on distributing a national newsletter three times a year, upgrading our national website, organising regional training workshops and funding the national conference, including scholarships for individuals to attend. Members receive a discount on attending events hosted by the network. Anyone can also join our email mailing list for free. If you prefer, donations may be spent on a specific project or area of need. Membership forms can be posted to Balance NZ - Bipolar and Depression Network or submitted online <[www.balance.org.nz](http://www.balance.org.nz)>. Please indicate whether or not you require a receipt. Let us know at <[info@balance.org.nz](mailto:info@balance.org.nz)> if your contact details change or you wish to be removed from our mailing list.

Send to: Balance NZ – Bipolar and Depression Network  
PO Box 13266, Armagh, Christchurch 8141





## Resources Available - Order Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Email \_\_\_\_\_

<input type="checkbox"/> Living Well with Bipolar Disorder Booklet	\$1.00/booklet
<input type="checkbox"/> Information for Family and Friends Booklet	\$1.00/booklet
<input type="checkbox"/> Helping Each Other: Peer Support Groups	\$1.00/booklet
<input type="checkbox"/> Red WRAP Book	\$ 20.00
<input type="checkbox"/> WRAP for People with Dual Diagnosis	\$ 25.00
<input type="checkbox"/> WRAP and Peer Support: Personal, Group & Program Development	\$ 60.00
<input type="checkbox"/> I would like to purchase a lightbox	\$ 500.00
<input type="checkbox"/> I would like to hire a lightbox (per month)	\$ 100.00
<input type="checkbox"/> Please send me further information on light therapy	
	P&P
	Subtotal
	Total \$

Note: Individuals may request a complimentary free copy of any of the booklets. Large or bulk orders may incur additional postage and packaging. Please enquire from the national office <info@balance.org.nz> for current pricing.

Send to: Balance NZ – Bipolar and Depression Network  
PO Box 13266, Armagh, Christchurch 8141





**Bipolar Support**  
C A N T E R B U R Y



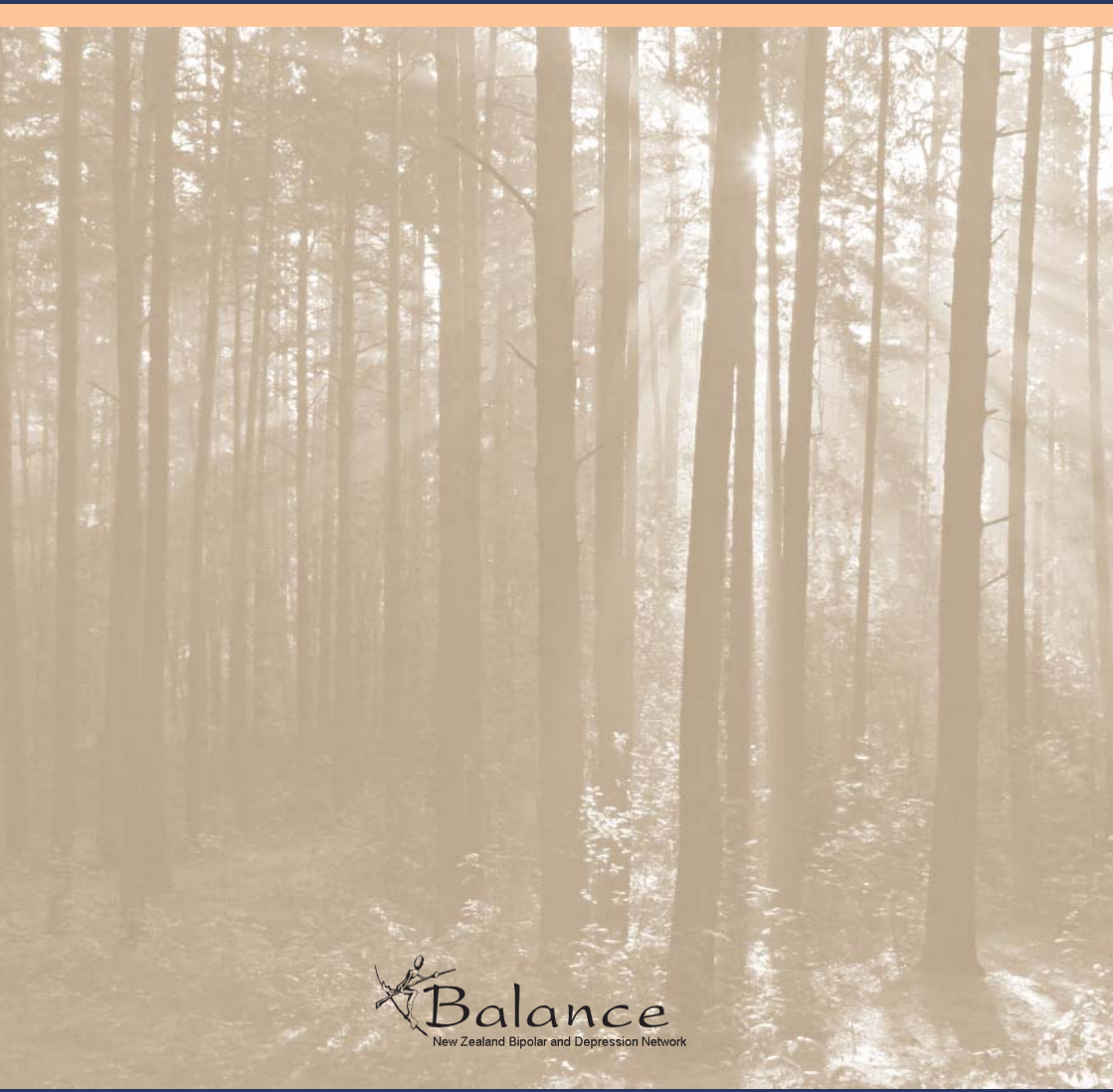
**JR MCKENZIE TRUST**  
ESTABLISHED IN 1940

**COGS**  
Community Organisation  
Grants Scheme



**NZ Lottery Grants Board**  
TE PUNA TAHAU  
Distributors of NZ Lottery Profits

**The Blogg Charitable Trust**



 **Balance**  
New Zealand Bipolar and Depression Network