

The Parent's Guide

BIPOLAR

Your child and big mood swings

A warm, plain guide for a parent whose teenager swings between sleepless, racing highs and heavy lows, and the steady everyday moves that help a family through.

Who this is for: parents of a teenager or young adult with big swings between highs and lows, whether a doctor has said anything yet or not.

Cited: NICE, the Government of India's Tele-MANAS, and peer-reviewed research.

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

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IS THIS YOUR HOME

More than teenage moods

IN SHORT

If your teenager swings between long stretches of racing energy and long stretches of deep low, you are not imagining it. This is more than ordinary moodiness. It is real, it can be helped, and you did not cause it.

All teenagers have moods. They sulk, they snap, and they sleep late. One bad exam can spoil a whole week. That is ordinary growing up.

Some young people have swings that are much bigger. For a week or more, they may feel far too happy, "on top of the world", most of the day. They may be much more active than usual and do things they normally would not. At other times they sink into a deep low. When mood, energy and behaviour all change for a week or more, that is worth a doctor's look.

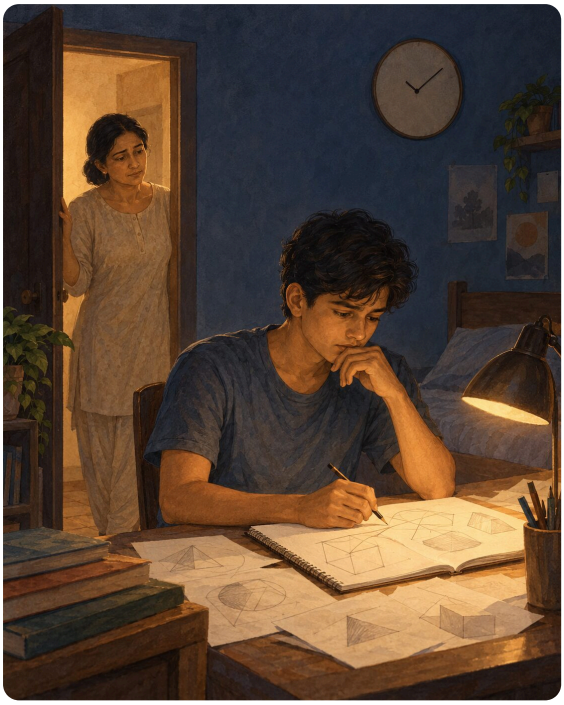
The clinical name you may hear for this pattern is bipolar disorder. Only a doctor can say whether it applies to your child. This booklet will not put that label on your child. It will help you see the pattern clearly and know what to do.

These swings often start early. Studies summed up by one research team found that for half or more of people with this pattern, it began before age 18.

Half or more

had the swings begin before 18

If this is starting in your home now, it is starting at an age when it often begins. Many families have stood where you stand.



Rohan awake long past midnight, full of plans, while the house sleeps.

Sunita's son Rohan is 17 and in Class 12. Last month he barely slept for a week. He cleaned his room at 3 a.m. and talked fast about starting a business. He laughed at everything and said he would be rich by summer. He spent his coaching fees on things he did not need. Three weeks later he could not get out of bed. He stopped going to coaching and stopped answering his friends. Her mother-in-law said he was spoilt. Sunita began to wonder if it was her fault.

It was not her fault. Look at what changed along with his mood: his sleep. Rohan slept far less, yet he did not seem tired. Sleep problems are among the most noticeable changes that go with these mood swings. A teenager who stays up late on the phone is different. He is usually sleepy and grumpy the next day.

TRY THIS

For the next two weeks, write one line each morning. How long did your child sleep? Did they seem tired, or wired? You are not diagnosing anything. You are collecting the pattern a doctor will want to see.

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WHAT IT REALLY IS

Not a phase, and not your fault

IN SHORT

Swings like these come from a health condition that affects mood, energy and sleep. They are not bad behaviour, not spoiling, and not a phase to wait out. You did not cause them. You cannot cure them alone. You can help a great deal.

Here is the part that changes how you respond. Doctors see these swings as a long-term health condition that tends to come and go. So try not to read a high or a low as a choice, or as a message to you.

A high may look at first like a very good mood that lasts day after day. Your child may be full of plans and far more active than usual. They may spend too much or take risks they usually would not. Some young people have a high and a low mixed together. Being snappy or arguing a lot is not, on its own, what doctors count as a high in young people. The high can feel good to your child and frightening to you, and both are true.

I kept asking what I did wrong. The doctor said, ask what helps now instead. That question I could answer.

Sunita, mother of Rohan, 17

You may have heard many verdicts already. Too much freedom. Bad friends. Too much phone. Someone's evil eye. In a joint family everyone has an opinion, and "log kya kahenge" sits on top of all of them.

These verdicts are heavy to carry, and they do not match the research. A very large study of families found that this pattern runs in families. Genes explained more than half of the differences in risk. Life in a shared home explained a small part. Poor sleep and life pressures can act as triggers for an episode.

Carry the three Cs with you. You did not cause it. You cannot cure it. You can help.

More, if you want it

None of this means there are no rules. Your child still needs limits, perhaps more than before. The difference is how you hold them. Aim for calm, clear and predictable, not angry and sudden. In a high, try not to argue to win. Name your worry once, kindly, and come back to it when things are calmer.

TRY THIS

The next time you think "he is doing this to hurt me", try another sentence. "His sleep and energy are off right now." Notice whether your own body softens. A calmer parent is already part of the help.

3

WHAT HELPS MOST

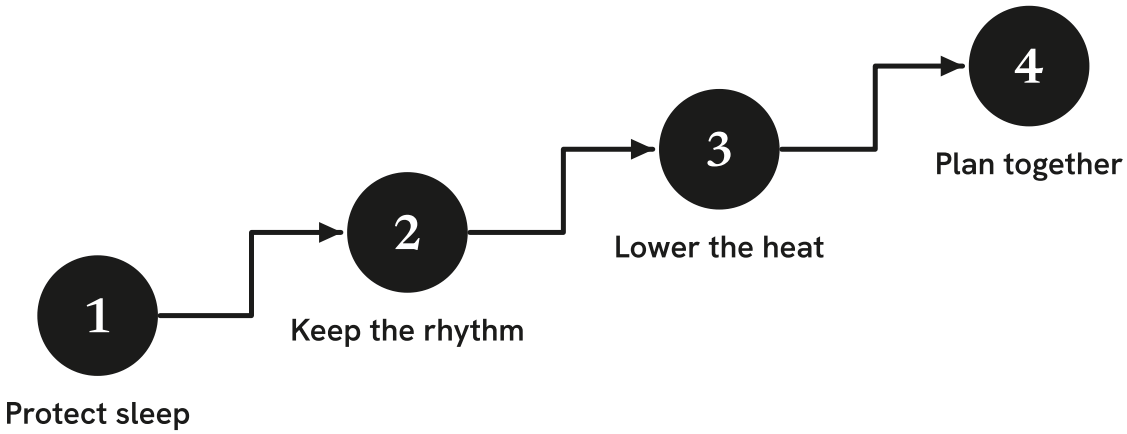
A calm home and a steady clock

IN SHORT

Help at home is less about lectures. It is about steady sleep, a regular daily rhythm, calm talk, and a plan you make together while things are well.

There is a kind of help built for families like yours. It is called family-focused therapy. A therapist works with the young person and the parents. You learn how the swings work, how to talk with less heat, and how to solve problems as a team.

In one small trial, teenagers had this family help alongside medicines. Others had a shorter family programme of three sessions, also with medicines. The family-therapy group came out of their low periods faster. They also spent fewer weeks low over two years. It did not delay the next high or low, so the doctor's care still matters. You are not on the sidelines of your child's treatment. You are part of it.



Four small, steady moves to lower the heat at home, repeated every day.

Protect sleep: the same bedtime and waking time, even on holidays.

Keep the day's rhythm: regular meals, school, movement and wind-down.

Lower the heat: one calm sentence, less criticism, more listening.

Plan together on a calm day, and use the plan early.

Sleep sits close to the centre of all this. Poor sleep can make moods harder to steady the next day. Unsteady moods, in turn, can upset sleep at night. So a steady body clock is worth guarding. Late-night phones, all-night study, festivals and wedding nights all cut into it.

The other big move is an early-warning plan. Sit down together on a calm day. Ask your child what they notice first when a high or a low begins. Write down three signs for each, and what each of you will do. Doctors' guidelines advise making a plan like this together, with early warning signs and who to contact.

More, if you want it

Let your child help write the plan. A plan made together feels like teamwork. A plan made about them feels like being watched. Keep it short, on one page or on your phone. Include the doctor's number and who calls whom. Look at it again every few months, and after any hard patch.

REMEMBER

Try to notice the good out loud more often than you correct. Calm and warm is not soft. Calmer family talk is one of the skills family-focused therapy teaches.

TRY THIS

Choose one sleep anchor for the whole house this week. Perhaps every phone charges outside the bedroom after 11 p.m. Follow it yourself too, so it is a family rule and not a punishment.

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SCHOOL, EXAMS AND RISKS

School, exams, and the late nights

IN SHORT

The school years bring board exams, coaching, late nights and new freedoms. Each of these can cut into sleep and routine. A few early talks, with the school and with your child, can help in the hard months.

In many Indian homes, Class 10 and Class 12 feel like they decide everything. Coaching runs late, and sleep is often the first thing cut. For a young person with big swings, that matters, because poor sleep can help bring on an episode.

Talk to the school early, with your child's agreement. You do not need to share every detail. The class teacher or counsellor only needs to know that a doctor is helping your child with sleep and energy. Guidelines for doctors suggest working with teachers, if the young person agrees, on how to support them. Ask what support the school or the board can offer at exam time.



Rohan and his mother, planning the exam months together.

Before the board exams, Sunita sat down with Rohan and the plan from his doctor. They agreed on a fixed bedtime, even in exam week, and no all-night study. She met his class teacher and asked for one thing: tell her early if Rohan seemed very sped up or very withdrawn. Rohan did not top his class. But he got through the exams without a crash, and that felt like the bigger win.

Alcohol and drugs need a plain talk too. They can get in the way of medicines and talking treatments. Talk about it calmly, without a raid on their room. Ask, listen, and tell the doctor what you learn.

More, if you want it

If your child is a young adult, at college or in a hostel, things change. They make more of their own choices now, and their privacy matters. You can still ask, with their agreement, to be part of the plan. Guidelines advise agreeing early on what will be shared, especially about risk. Agree together on who should call you if things slip, and when.

TRY THIS

Before the next exam season, write down three things with your child: a fixed bedtime, one sign that means "slow down", and one adult at school who knows to call you. Keep the list on the fridge.

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LOOKING AFTER YOU

You are not failing

IN SHORT

Watching your child swing between highs and lows is frightening and tiring. The guilt and fear you carry are real. Looking after yourself is not selfish. It is part of helping your child.

You may be sleeping badly yourself. You may lie awake listening for footsteps at 3 a.m. You may replay every argument in your head. That is not weakness. It is what love looks like under long strain.

You did not cause this, and you cannot cure it alone. You can help, and that is easier when you are not running on empty. A steady parent is part of the treatment, not an extra. Guidelines say parents and other carers should be offered their own support and information, as early as possible.

In a joint family the pressure can multiply. Relatives may blame your parenting or compare your child with cousins. Some may push for a stricter hand, a pilgrimage, or even an early marriage. You do not have to win every argument. A short, steady line helps: "The doctor is helping us, and we are following a plan."

Brothers and sisters may notice more than you think. They may feel scared, pushed aside or embarrassed. A few honest words help. Tell them their sibling is unwell and getting help. Tell them they are loved, and that fixing it is not their job.

More, if you want it

Find one person who is on your side: your partner, a sister, a friend, or another parent who understands. Say the hard part out loud to them. You do not have to carry the fear in silence. If your own sleep, mood or health is slipping, see a doctor for yourself too.

IN YOUR CORNER

On the night you shouted, then cried alone in the bathroom, hear this. A parent who reads a whole booklet to understand their child is not failing. You are fighting for them. Be as gentle with yourself as you are learning to be with them.

TRY THIS

Tonight, name one thing you did well as a parent today. Maybe you stayed calm once. Maybe you kept a bedtime. Say it to yourself before you sleep, every night for a week.

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GETTING HELP

Getting help, and when to act fast

IN SHORT

A doctor can assess your child and build a plan with your family. Some signs mean act now, not later. If your child is in danger right now, call 112 or go to the nearest hospital emergency. Tele-MANAS, 14416, is a free government mental-health helpline, open day and night.

Look for a psychiatrist or team with experience of young people. Guidelines say a good plan has several parts: the doctor's care, help for the family, talking therapy, and support with school. Bring your sleep notes and a few real examples. They help the doctor see the pattern over time.

A doctor may also suggest medicines that help steady mood. For a young person, this is a careful choice. Guidelines say your child should share in it, your views should be heard if they agree, and it should be reviewed regularly. Ask every question you have, and stay part of each decision.

Both sides of the swings can bring danger. Doctors check for risks such as reckless spending, unsafe driving, self-neglect, self-harm and thoughts of suicide. Guidelines advise urgent help if a high or a severe low is suspected, or if someone may be a danger to themselves or others. Some signs mean do not wait.

Nights with almost no sleep.

Several nights of little or no sleep, with a very high mood and racing activity.

Risk climbing fast.

Reckless spending, unsafe driving or riding, or risky choices with friends or strangers.

A low that deepens.

Not eating or caring for themselves, not leaving the room, or any talk of dying or of hurting themselves.

Losing touch with what is real.

Hearing or seeing things others do not, or holding strange beliefs firmly.

If you think your child is in danger right now, get help first. Call 112, or go to the nearest hospital emergency. Stay with them, and do not leave them alone. Reduce access to things that could be used to hurt themselves. For advice at any hour, you can also call Tele-MANAS on 14416, a free government mental-health helpline. You can call for guidance for yourself, too.

If your child talks about dying, take it seriously. Ask them directly and gently: "Are you having thoughts of ending your life?" Research has found that asking does not put the idea in their head. Talking about it openly may even ease those thoughts. Then listen, stay close, and bring in the doctor.

There is real hope. In the family trial described earlier, family help with a doctor's care helped steady teenagers' low moods.

REMEMBER

You do not need to be sure before you reach out. A worried parent is reason enough to call. It is far better to ask for help you did not need than to miss a moment that mattered.



The child whose moods swing so far today can, with help and a family beside them, find steadier ground.

TRY THIS

Save two numbers on your phone tonight: Tele-MANAS, 14416, the free helpline, and your child's doctor. Add your list of early signs beside them. Remember that 112 is for emergencies. Then you are ready before you ever need them.

WHERE THIS COMES FROM

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Ministry of Health and Family Welfare, Government of India (NIMHANS). Tele Mental Health Assistance and Networking Across States (Tele-MANAS), national toll-free helpline 14416. 2022. telemanas.mohfw.gov.in

FURTHER READING

- NHS: Bipolar disorder

This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

- Feeling like it is all too much? **Read the crisis card.** Help is one page away.
- Tele-MANAS, the free national helpline: **14416**. Any time, day or night. From the Government of India.
- Wondering whether to talk to someone? **Read how an assessment works.** No rush, and no pressure.