Moods are our emotions. They affect us every day. Sometimes we’re sad, other times we’re happy. We might even be sad and happy in the same day. But sometimes people’s mood can get “stuck” on sad. Or the moods might change a lot or become extreme. When this happens, it affects our lives. And it might be caused by a group of mental illnesses called mood disorders.

**What is it?**

Mood disorders are a group of mental illnesses that affect how you feel and think about yourself, other people and life in general. There are a few different types of mood disorders: depression, dysthymic disorder and bipolar disorder.

**Depression** leaves you feeling sad or depressed. Some people experience depression as feeling “numb” or having no feelings. Depression can also make you feel irritable, hopeless and guilty. Many people living with depression lose interest in things they used to enjoy or and they often isolate themselves from family and friends. But depression can affect more than your mood: you might have a hard time concentrating or remembering. You might sleep or eat less than usual or more than usual. You might also feel tired all the time.

- **Seasonal affective disorder (SAD)** is a type of depression that’s affected by the seasons. It usually affects people in the winter months, when there’s less daylight.
- **Postpartum depression** is a type of depression that affects a mother after they give birth. Postpartum depression is likely brought on by different biological changes as well as the social and emotional changes in parents’ lives.
Dysthymic disorder (also called dysthymia) is similar to depression. With dysthymic disorder, your symptoms of depression are milder but last for a longer period of time.

Bipolar disorder is made up of three different parts: depression, mania and normal feelings. The depression in bipolar disorder is like depression in any mood disorder. Mania is what makes bipolar disorder different. Some people experience this as feeling very happy, but others feel very irritable or angry during an episode of mania. Common symptoms of mania include feeling very powerful, not needing much sleep and having racing thoughts. During an episode of mania, many people also do things they wouldn’t normally do, like go on expensive shopping sprees they can’t afford, have risky sex or use alcohol and other substances more than usual. Bipolar disorder can look different in each person depending on how long the mania and depression episodes last, how severe they are, how quickly a person’s mood changes and how long a person has normal mood in between.

Mood disorders and psychosis
Some people experience psychosis during an episode of severe depression or mania. There are two parts to psychosis: delusions and hallucinations. Delusions are strong beliefs that aren’t true, such as the belief that you have special powers. Hallucinations are things you sense that aren’t real.

Who does it affect?
Mood disorders are among the most common mental illnesses. In fact, about one in seven Canadian will experience a mood disorder at some point in their life. They’re more likely to affect the following groups of people:

- **Women**: Women are more likely to be diagnosed with depression, dysthymic disorder and SAD. But bipolar disorder seems to affect men and women equally
- **Young people**: While mood disorders can affect you at any time in your life, many people start to experience symptoms in their teens and twenties. About 3.5% of children and 3% to 7% of teens are diagnosed with depression. Many people are diagnosed with bipolar disorder between the ages of 15 and 19.
- **Family members**: Having a close relative who has a mood disorder increases your risk of having one
- **People who experience substance use problems**: Some substances can cause a mood disorder, trigger an episode of mania or depression or make a mood disorder worse.

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**Symptoms of Depression**
- I have overwhelming feelings of sadness or grief
- I’ve lost interest in taking part in activities I used to enjoy
- I’ve lost my desire for sex
- I find myself avoiding other people
- I’m sleeping more or less than usual
- I’m eating more or less than usual
- I’m having difficulty concentrating or making decisions
- I’m feeling extremely irritable and angry
- I’m feeling guilty all the time
- I often think about death or ending my life

**Symptoms of Mania**
- I’ve been in an excessively high or elevated mood
- I feel extremely irritable or angry
- I’m optimistic about everything, even when others aren’t
- I’m making quick decisions often without thinking them through
- I’m spending money more quickly or my sexual habits have changed
- My thoughts are racing; I have a lot of plans
- I’m really energetic; I can’t seem to stay still
- I’m talking more quickly than usual and people seem to have a hard time understanding me
- I’m feeling little need for sleep
- I have an extremely short attention span

If you’ve experienced several of these symptoms for a long time, it’s best to talk to your doctor.
mood disorders

• People living with other health and mental health problems: People with long-term health problems like cancer, AIDS, heart disease or Alzheimer’s disease are more likely to experience depression. People living with an anxiety disorder or eating disorder are also more likely to experience depression.

What can I do about it?
Mood disorders are very treatable. With the right treatment, about 80% of people no longer feel any symptoms at all. Some common treatments, used on their own or in combination, are:

Counselling: The most common forms of counselling for people living with a mood disorder are cognitive-behavioural therapy and interpersonal therapy:
• Cognitive-behavioural therapy or CBT is the most common therapy treatment for mood disorders. CBT helps you understand the relationship between your mood, thoughts and behaviours. It also teaches skills like problem-solving that may help prevent symptoms from coming back in the future.
• When you’re depressed, your relationships with others often suffer. Interpersonal therapy can teach you skills to improve how you interact with other people.

Medication: Depression is usually treated with a group of medications called antidepressants and bipolar disorder is usually treated with a group of medication called mood stabilizers. You may also be prescribed other medications for psychosis or anxiety.

Electroconvulsive therapy:
Electroconvulsive therapy or ECT may help people who experience severe depression or bipolar disorder, particularly when treatments like counselling and medication haven’t helped. Treatment is done in the hospital, and it involves passing an electrical current through the brain for a few seconds while you’re under general anaesthesia. Modern ECT is very safe, fast-acting and effective.

Light therapy: People who experience SAD may find light therapy helpful. Light therapy uses a special kind of light that’s much brighter than indoor lighting. But this may not be a good option for everyone, so it’s important to talk to your doctor before you start light therapy.

Self-management: There are some things you can do on your own to help keep you feeling better. Regular exercise, eating well, getting enough sleep and keeping a consistent sleep schedule, managing stress, spending time with friends and family, spirituality and monitoring your use of alcohol and other substances can help manage mood problems.

mood disorders and suicide
About 7% of people living with a mood disorder die by suicide, so it’s important to take suicide seriously. If you’re thinking about suicide or concerned about someone else, call 1-800-SUICIDE (that’s 1-800-784-2433) to talk to someone without a wait or busy signal, 24 hours a day.
mood disorders
where do I go from here?

In addition to talking to your family doctor, check out the resources below for more information on mood disorders:

Mood Disorders Association of BC
Visit www.mdabc.net or call 604-873-0103 (in the Lower Mainland) or 1-855-282-7979 (in the rest of BC) for resources and information on mood disorders. You’ll also find more information on support groups around the province.

BC Partners for Mental Health and Addictions Information
Visit www.heretohelp.bc.ca for info sheets and personal stories about (illness). You’ll also find more information, tips and self-tests to help you understand many different mental health problems.

Canadian Mental Health Association’s BC Division
Visit www.cmha.bc.ca or call 1-800-555-8222 (toll-free in BC) or 604-688-3234 (in Greater Vancouver) for information and community resources on mental health or any mental illness.

Your Local Crisis Line
Crisis lines aren’t only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

1-800-SUICIDE
If you are in distress or are worried about someone in distress who may hurt themselves, call 1-800-SUICIDE 24 hours a day to connect to a BC crisis line, without a wait or busy signal. That’s 1-800-784-2433.

Resources available in many languages: *For the service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

HealthLink BC
Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you’re worried about, or talk with a pharmacist about medication questions.

In addition to talking to your family doctor, check out the resources below for more information on mood disorders:

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This fact sheet was written by the Canadian Mental Health Association’s BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.