

02

What Is Bipolar Disorder? (And What It Isn't)

Build accurate, non-stigmatizing language for bipolar disorder without using a worksheet as a diagnostic test.

LESSON 2 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/I02

This is one lesson of twenty-four

The **Bipolar Stability Program** is twenty-four free lessons for people who already have a bipolar diagnosis. Each lesson is a video; each chapter is the paper that goes with it. Fifteen languages, no email, no account, no paid version.

Before you start

Nothing here will ever tell you to start, stop, taper, restart, select or change a medication. Blank is allowed, «not sure yet» is an answer, and there is no version of this you can fail. If a chapter sends you to another lesson, the lesson number is in brackets. The crisis numbers for your country are at the back of this chapter.

Why this exists

I was diagnosed with bipolar disorder in 2018. The first episode was in 1993 — twenty-five years of living with something that had a name I hadn't been given.

Then I got lucky. A hospital near me ran a psychoeducation group: a psychiatrist, a psychologist, about ten of us around a table, once a week, for fourteen months. Nobody there told me what to do. They taught me what the thing was. What stayed with me wasn't any single fact — it was that somebody had put the facts *in an order*. I had spent twenty-five years collecting pieces; in that room, for the first time, they were a sequence.

Almost nobody gets that room. Mine needed two clinicians, a group, a waiting list, and all of it close enough to my home to attend every week for a year. It also cost me thousands of dollars.

So I rebuilt it as something you can start tonight, wherever you are, in fifteen languages, free — now and later. Not a trial, not a sample, nothing held back for a paid version.

— René, Bipolar Clarity

What twenty-four chapters build that one cannot

Every chapter writes a piece of the same document. Lesson 1 starts your safety page, lesson 4 names your first warning signs, lesson 19 turns them into a ladder with an action and a contact on each rung, and lesson 24 assembles all of it into your **Stability Plan**: one thing you can hand to somebody on a bad day, or take into an appointment when you cannot find the words.

A single chapter gives you a page. The twenty-four give you the plan.

The twenty-four

You can do this chapter on its own — it was written that way. The numbers are the order we recommend, not a lock.

01	Newly Diagnosed With Bipolar? Write This Page First	
02	What Is Bipolar Disorder? (And What It Isn't)	YOU ARE HERE
03	Bipolar Sleep: 3 Short Nights That Mean Different Things	
04	Bipolar Early Warning Signs: Pick 4 That Are Yours	
05	What Is My Bipolar Medication Actually For?	
06	Bipolar Life Chart: How to Map Your Mood History	
07	Bipolar 1 vs Bipolar 2: What the Number Really Means	
08	Hypomania Signs Others Often Notice Before You Do	
09	Manic and Depressed at the Same Time? Mixed Features	
10	Bipolar Disorder or Something Else? Thyroid, Trauma, ADHD	
11	Alcohol, Cannabis, and Bipolar Disorder: What to Notice	
12	Bipolar Triggers: What Adds Pressure—and What Protects You	
13	Bipolar Psychiatry Appointment: Make the Short Visit Count	
14	I Feel Fine. Why Am I Still on Bipolar Medication?	
15	Bipolar Side Effects: What to Track and When to Call	
16	Thinking About Stopping Bipolar Medication? Start Here	
17	Bipolar Disorder and Pregnancy: Questions to Ask Early	
18	Does Therapy Help Bipolar Disorder? What the Evidence Says	
19	Bipolar Warning Signs: Subtle, Clear, and Urgent	
20	How to Draft a Bipolar Crisis Plan—Before You Need It	
21	I Think a Bipolar Episode Is Starting—What Should I Do?	
22	How to Build a Routine That Helps With Bipolar Disorder	
23	Life After a Bipolar Episode: Work, Money, and Relationships	
24	Grieving the Person You Were: Bipolar and Identity	



Start at lesson 1
bipolarclarity.com/program/I01



All 24 in one book
bipolarclarity.com/workbook

Purpose

Build accurate, non-stigmatizing language for bipolar disorder without using a worksheet as a diagnostic test.

You leave with one Meaning / Not-meaning + Diagnostic Wording Card, and one uncertainty to take to a qualified professional.

What this chapter is about

This chapter goes with video lesson 2. It is the working half. The video does the teaching; this page is where you do the work. Printed here is the language you will reach for again — in an appointment, in a difficult conversation, or on a day when somebody says something careless.

The work of this chapter is words, not tests. Nothing you write here diagnoses anything. What it does is give you language accurate enough to use with a professional and steady enough to use with your family, which turns out to be two different problems.

Episodic and longitudinal. Two words worth owning early. *Episodic* means the changes come in recognizable periods rather than running flat forever. *Longitudinal* means the picture only makes sense across time — which is why a single appointment, a single questionnaire or a single bad fortnight cannot settle it.

An episode is a cluster, not a feeling. Mood, energy, activity, thinking, sleep, behavior and how life is actually going — several of those moving together, for a stretch, differently from your own usual. One low afternoon is a low afternoon.

What set something off is not the same as what caused it. The exact cause of bipolar disorder is not known, and several kinds of factor may contribute to how it begins and how it goes — biological ones, including genetic, and psychological, social and structural ones too. A *trigger* is different: it is something that can set an episode moving. Knowing what triggers an episode for you is useful, and it is not a verdict about you. Neither word means you brought this on yourself, and keeping them apart is what stops a useful observation turning into blame.

Baseline is personal. It is your usual pattern — not a flat, emotionless state, and not somebody else's average. Almost everything later in this book compares against it, which is why the word gets defined here rather than assumed.

And the diagnosis is not the person. It can organize care without describing character, capability or worth. That sentence is easy to nod at and hard to hold on a bad day, which is why it is printed rather than left to memory.

Key ideas

1. **Bipolar disorder is episodic and longitudinal.** Recognizable periods of change are understood across time.
2. **An episode involves a cluster, not one feeling.** Mood, energy, activity, thinking, sleep, behavior and functioning may change together.
3. **Baseline is personal.** It is a usual pattern, not a perfectly flat or emotion-free state.
4. **Professional assessment adds context.** One symptom, short period, questionnaire, app or outside opinion cannot establish the diagnosis alone.
5. **The diagnosis is not the person.** It can guide care without defining character, abilities, relationships or the entire future.

Watch the video first

Two things are only in the video.

- **Sam's card, worked through.** The difference between a phrase that survives an appointment and one that collapses is easier to see happening than to describe.
- **Why “the diagnosis is not you” is more than reassurance.** Clara takes it apart properly, and it lands differently spoken than printed.

Watch it before you write. The video lesson is *What Is Bipolar Disorder? (And What It Isn't)* — lesson 2 of the Bipolar Stability Program.

Before you begin

Scope and safety. This chapter is educational. It does not confirm, reject, or change a diagnosis. It is not a diagnostic quiz, professional assessment, treatment plan, monitoring service, or individualized medical advice. If your condition is changing quickly or you may be at risk, use an appropriate professional or urgent route rather than trying to settle the diagnosis here.

Your workbook answers are not submitted, uploaded, collected, or monitored by Bipolar Clarity.

How to use this chapter:

- Record what is known, what is not known, and what you want to ask.
- Do not score the observation prompts or use them to label an episode.

- Not knowing yet is an answer, and so is deciding not to record something. None of them leaves you behind.
- Choose today's route: **core** (the five-input card) or **low energy** (two lines).

Answers you can always use:

- **Not known yet**
- **Prefer not to answer**
- **Nothing to record here**
- **Private — not recorded here**
- **I prefer to bring this to a professional conversation**

Where this chapter's claims come from. The clinical statements in this lesson are sourced, and the sources are public: bipolarclarity.com/program/sources, under lesson 2. A source shows what published guidance says. It does not show what applies to you, and it never overrules the clinician who knows your case.

Core route

Episode and baseline — a visual explanation

This is a learning model, not a diagnostic graph and not a formal criterion set.

Across time:

usual variation near baseline → cluster of meaningful changes → period of greatest impact → movement toward baseline → recovery or continuing difficulties

Under each part of the line, a person might observe several domains:

- mood or emotional tone;
- energy;
- activity or pace;
- thinking or concentration;
- sleep;
- behavior, judgment or communication;
- functioning in self-care, relationships, work, study or daily tasks.

The line does not need to be smooth. Some people have symptoms between clearer episodes. Some return close to their earlier baseline. A person's baseline can also change with health, age, environment, treatment and life circumstances.

Do not use this line to decide whether a period was mania, hypomania, depression or mixed. Use it to prepare questions about sequence, change and impact.

The rule: breadth, time and impact

Three questions read a pattern instead of a moment. They are the rule the lesson rests on, and they are worth knowing by heart, because they are what turns “*I had a terrible night*” into something a professional can work with.

- **Breadth** — how many areas moved together? A change in sleep reads differently when energy, speech, plans, spending and concentration all move with it.
- **Time** — was the change brief, sustained, recurring, or part of a longer sequence? Your memory of it will be patchy. That is normal, and it is exactly where records and other people fill in the gaps.
- **Impact** — what changed in daily life? Self-care, relationships, work or study, safety. Did people around you see a clear difference, the kind they mentioned out loud at the time?

Run it once, on one ordinary night of your own. Pick a night you already have in mind — a bad one, or one you have wondered about. Answer the three questions and stop there.

HOW MANY AREAS MOVED

HOW LONG THEY STAYED MOVED

WHAT THE CHANGE REACHED

Breadth, time and impact organize a description. They stop short of a diagnosis, and a professional reads your description against your wider history. **Not known yet** is a complete answer to any of the three, and one night is not a pattern — that is the point of the exercise, not a failure of it.

Required core artifact — Meaning / Not-meaning + Diagnostic Wording Card

Purpose: record what is already known, prevent the label from carrying meanings it does not justify, and keep one useful uncertainty visible.

Destination: Bipolar Stability Plan, **Section 4 — My diagnosis, in my words.**

How this page stands

Choose exactly one: **Ready to use**, **Waiting for information**, or **Keeping this private**.

Mark **Ready to use** only when **at least one line is written in your own words about what your diagnosis does not mean about you** — that line depends on nobody else. A card waiting for the exact wording of your record is a valid state, not an unfinished card.

☐ Ready to use ☐ Waiting for information ☐ Keeping this private

Complete five inputs. Do not use the card to select a subtype, choose a diagnostic framework, or label past experiences as episodes.

CORE 1 OF 5 — DIAGNOSIS WORDING ALREADY USED IN MY CARE, IF KNOWN

Wording from a current record or professional conversation. Options: exact wording not known yet / prefer not to answer.

Optional metadata, not part of the five core inputs — framework or terminology noted in my record, if known. Options: **Private — not recorded here** / **Not known yet**.

FRAMEWORK OR TERMINOLOGY NOTED IN MY RECORD

CORE 2 OF 5 — ONE THING THE DIAGNOSIS MAY HELP EXPLAIN OR ORGANIZE IN CARE

Option: not known yet.

CORE 3 OF 5 — ONE CONCLUSION THE DIAGNOSIS DOES NOT JUSTIFY

Example: “It does not mean every strong emotion is a symptom.”

CORE 4 OF 5 — MY PREFERRED IDENTITY-LANGUAGE CHOICE OR BOUNDARY

Choose one way to record your preference. Either select a preferred term — a person with bipolar disorder, a person living with bipolar disorder, bipolar person, the specific diagnosis only when relevant, another preference, not known yet, prefer not to answer — **or** complete the identity-

boundary sentence: “This diagnosis describes a health condition and an episode pattern relevant to my care. It does not define my **[write here]**.”

Complete only the route you selected. The unselected route is optional.

- | | |
|---|--|
| ☐ a person with bipolar disorder | ☐ a person living with bipolar disorder |
| ☐ bipolar person | ☐ diagnosis only when relevant |
| ☐ another preference | ☐ identity-boundary sentence instead |
| ☐ not known yet | ☐ prefer not to answer |

CORE 5 OF 5 – ONE UNCERTAINTY OR QUESTION FOR A QUALIFIED PROFESSIONAL

Options: nothing to record here / prefer not to answer.

ONE UNCERTAINTY I WANT TO KEEP VISIBLE

ONE QUESTION FOR A QUALIFIED PROFESSIONAL

Do not change the diagnosis wording through self-assessment. Update the card when a current record or a qualified professional clarifies it.

OPTIONAL — reflection

When I first heard or read the diagnosis, I thought it meant — options: not known yet / prefer not to answer

One belief about the diagnosis that I want to check is — options: not known yet / prefer not to answer

One part of my identity or life that I do not want reduced to a diagnosis is — options: nothing to record here / prefer not to answer

OPTIONAL — three-prompt changes-over-time micro-preview

This is a micro-prompt, not a checklist, diagnostic test, timeline or life chart. Use only a period already discussed with a professional. The full personal timeline and life-chart exercise is built in the life-chart module.

ONE PREVIOUSLY DISCUSSED PERIOD OR CONTEXT

CHANGE ONE THAT SEEMED TO OCCUR TOGETHER WITH IT

CHANGE TWO THAT SEEMED TO OCCUR TOGETHER WITH IT

One impact or question that remains — options: not ready / not known yet / prefer not to answer

OPTIONAL — question bank for a clinician or treating professional

The core card requires only one question. Choose additional questions only if useful.

- What diagnosis is currently recorded, and what terminology does that record use?
- Which parts of my history were most important to the assessment?
- What symptoms or difficulties between clearer episodes are relevant to my care?
- Which alternative explanations, coexisting conditions, physical-health factors, substances or medication effects were considered?
- What uncertainty remains, and how might it be reviewed over time?

ADDITIONAL QUESTION, IF ANY

Low-energy route

Complete these two lines and stop. They are a usable minimum version of the core card, and you can return later.

1. "This diagnosis may help describe or organize a pattern in care; it does not..."

2. "One uncertainty or question I want to keep is..."

Worked fictional example

Sam's record says "bipolar disorder," but Sam does not know which subtype is documented. Sam does not select a subtype from an online description. Sam writes:

- Diagnosis wording already used in my care, if known: "Bipolar disorder appears in my current record."
- One thing the diagnosis may help explain or organize in care: "The diagnosis is used to make sense of periods involving changes in mood, sleep, pace and functioning."
- One conclusion the diagnosis does not justify: "It doesn't mean my enthusiasm, grief, anger or ambition is automatically a symptom."
- One uncertainty I want to keep visible: "Subtype not clear to me — ask which diagnosis and framework are in my current record."
- My preferred identity-language choice or boundary: "Person with bipolar disorder."
- One question for a qualified professional: "Which parts of my history mattered most to this diagnosis?"

This is a fictional example, not a recommended answer and not a patient history.

Before you close this page

Optional and private. Never submitted, uploaded, collected or monitored.

THE CLUSTER-OVER-TIME IDEA IS

☐

clear

☐

partly clear

☐

unclear

☐

not known yet

THE MEANING/NOT-MEANING EXERCISE WAS

☐

useful

☐

somewhat useful

☐

not useful yet

☐

not completed

ONE USEFUL DISTINCTION

02

ONE QUESTION THAT REMAINS

Where this page goes

Your completed card moves into **Section 4 – My diagnosis, in my words**: the diagnosis wording, your selected identity-language preference or boundary, and the field for what is still uncertain.

One action this week: complete the integrated Meaning / Not-meaning + Diagnostic Wording Card.

One observation: notice one place where “pattern over time” changes how you understand a single symptom.

Low-energy backup: complete the not-meaning line and one uncertainty or question.

The diagnostic-language module replaces this high-level subtype preview with the full distinctions. The life-chart module replaces the three-prompt micro-preview with the full longitudinal timeline. Keep this card until then; it is not superseded by either.

Privacy and safety

- Your workbook answers are not submitted, uploaded, collected, or monitored by Bipolar Clarity.
- This chapter does not assess your level of risk.
- Do not use the worksheet to reclassify your diagnosis or label past experiences as episodes.
- Contact a treating professional when diagnostic uncertainty is causing significant distress, when you are considering a major treatment decision because of it, or when you need clarification about current records.
- Seek a sooner or urgent professional assessment if mood, energy, activity, sleep, thinking, judgment, self-care or functioning is changing rapidly or severely.

If you may be in immediate danger, contact your local emergency services now. For crisis resources in your country, visit bipolarclarity.com/gethelp, or see the country-by-country crisis annex at the back of this workbook.

Help where you live

Crisis numbers for your country are at the end of this chapter.

Words used in this chapter

Only the ones this chapter actually uses. The full glossary is in the complete workbook.

Answers you can always use (*the Program's escapes*) — the five answers that are always available on any page: **Not known yet**, **Prefer not to answer**, **Nothing to record here**, **Private — not recorded here**, **I prefer to bring this to a professional conversation**. They are real answers, not blanks. A page filled with three lines that are true is worth more than a page filled in to look complete.

Baseline (*lessons 2 and 3*) — what is usual **for you**, described in enough detail that a change from it is visible. Not a flat or emotionless state, and not anybody else's normal. Most of this Program compares against your baseline rather than against an average.

Core route — the full version of a chapter. It is the one to use on an ordinary day.

How this page stands — the line at the end of a chapter where you say where the page has got to. There are three: **Ready to use** (there is something written that does not depend on anybody else), **Waiting for information** (the next useful step needs a record, a date or a phone number you do not have yet, so the page is pending rather than suspended) and **Keeping this private** (you decided not to write it down, and that is a finished decision, not a gap).

Impact — what a change actually did to sleep, work, money, relationships or safety. Throughout this Program, impact is more useful than a severity score you invent yourself, because impact is something another person can act on.

Low-energy route — the short version of the same chapter. It exists because the shorter route, finished on a hard week, is worth more than a chapter skipped waiting for a good one. What it produces is not a lesser answer; it is a smaller one.

Route — a way of getting help, written down before you need it. The Program keeps three of them separate on purpose: help early, urgent professional help, and immediate danger. They are different destinations with different phone numbers, and mixing them is what makes a plan unusable at the moment it matters.

Stability Plan — the document you are building across the twenty-four chapters, assembled in lesson 24. It is organized by what you need to find, not by lesson order, because you will be looking something up rather than revising a course.

Cluster (*lessons 2, 4, 8, 9*) — the point that an episode involves several things changing together: mood, energy, activity, thinking, sleep, behavior and functioning. One feeling on one day is not a cluster.

Episode — a recognizable period in which several things change together and stay changed, rather than a single bad day or a strong feeling. Every framework sets its own thresholds for duration and severity, and **a professional decides whether a period counts as one**. This workbook describes periods; it never classifies them.

Functioning (lesson 23) — what you are able to do in daily life: work, study, care, relationships, admin. The Program treats functioning as something to describe and rebuild in one place at a time, never as a score of your worth as a person.

If this chapter was worth the time

You have just finished one of twenty-four. The rest are written the same way, they are free in the same way, and they build one thing: a plan you can hand to somebody on a bad day.

The complete workbook has all twenty-four chapters in one book, plus the map of how they fit together and the full glossary. bipolarclarity.com/workbook

No email address, no account, no paid version. If you would rather take it one chapter at a time, that works too — each lesson has its own.

How this stays free

You did not pay for this workbook, and nobody asked you for an email address to get it. There is no paid version and no premium tier. That is deliberate. I paid for my own psychoeducation, and the whole reason Bipolar Clarity exists is that your postcode and your salary should not decide whether you ever get taught your own illness.

It does mean the project runs on one thing: whether people find it.

If this was useful, three things help. All three are free.

Subscribe to the channel. For a small channel, subscribers and watch time are what decide whether YouTube shows a lesson to the next person searching at two in the morning. That person will not find this workbook first. They will find a video, or they will find nothing.

Give it to one person you have actually thought about. Someone with the diagnosis, someone who loves somebody who has it, someone who was handed a leaflet and nothing else. This travels the way a good doctor's name travels, one person telling one other person, and that beats a post everybody scrolls past.

Tell a professional that it exists. A clinic, a peer group, an association, the psychiatrist you see in three weeks. They can give away something free, in fifteen languages, that nobody has to sign up for. Most of them have nothing like it to hand out.

One thing I am not asking for: your answers. The pages you filled in are yours. Recommending the workbook and telling people about your own health are two different decisions, and you only have to make the first one.

Everything is at bipolarclarity.com/support.

Thank you for getting this far. It is not a small thing to work through twenty-four chapters about your own illness.

— René, Bipolar Clarity



Your plan already exists. Who else knows how to use it?

You're using this workbook to understand what happens to you, to see an episode coming, and to have a plan before you need it. But you don't live inside that plan alone. The people who love you notice things: that you're sleeping less, talking faster, going quiet. Almost nobody has shown them what to do with it. So they watch, they argue, or they say nothing.



In November 2026 we're launching **the Bipolar Support Roadmap**: the program for your family, your partner and your friends.

What can change at home

TODAY, OFTEN	WITH THE ROADMAP
"Have you taken your meds?", three times a day.	They help with treatment without taking over , and agree with you how.
One sleepless night and everyone's on alert... or nobody notices until it's late.	They can tell a warning sign from a bad day, and know what to do first.
In a crisis, everyone improvises.	They've made a crisis plan before it's needed , one that can sit next to the routes you write in this workbook.
An argument that escalates.	They know when to pause a conversation, and how to come back to it.

Built to sit next to this program

Warning signs, a plan made before a crisis, asking before stepping in: the Roadmap covers the same ground as your workbook, from their side of the table.

You decide

Passing on the next page is optional: to whom, when, and whether. It contains nothing you've written. And the Roadmap doesn't ask them to watch you. It teaches them to ask before stepping in, and to take "no" for an answer.

For fourteen months I sat in a room that taught me my own illness. The people I live with never had a room like that. This is the one I'd have wanted for them.

— René

Do I have to tell them what I write here?
No. The Roadmap doesn't need it.

Does it cost anything?
No. It's free, like this program. No paid version, no account.

→ **Tear off the next page, or forward it. It's for them.**



BIPOLAR SUPPORT ROADMAP · FOR FAMILY, PARTNERS AND FRIENDS

For you, supporting someone with bipolar disorder

Someone who cares about you is following a program to look after their stability, and they thought of you. You notice things. Nobody taught you what to do with them. That's what the Bipolar Support Roadmap is for.

WHAT YOU'LL LEARN

- **Understanding what you see**, without watching every move.
- **Helping without taking over**: with treatment, with sleep, with alcohol or cannabis.
- **Noticing when an episode may be starting**, and what to do first.
- **Talking during conflict**, and when to pause the argument.
- **A crisis plan made before you need it**, with two routes.
- **Limits, children and rebuilding trust**.
- **Looking after yourself**, so you can keep going.

Does learning this actually help?

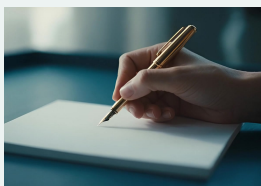
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹ The Roadmap is not that trial. It is built on the same idea: what the people at home know matters.

¹ Reinares M, et al. *Bipolar Disorders* 2008;10(4): 511–519.

THE 19 LESSONS

- | | |
|---|---|
| 1 Someone You Love Was Diagnosed With Bipolar—What Now? | 10 Bipolar Depression and Mixed States: What to Notice |
| 2 Helping Someone With Bipolar: What's Actually Your Role? | 11 A Bipolar Episode May Be Starting—What Should You Do? |
| 3 Understanding Bipolar Behavior: What Can You Really Know? | 12 How to Talk to Someone With Bipolar During Conflict |
| 4 Did You Cause Their Bipolar Episode? | 13 How to Respond to Mania Without Adding to the Conflict |
| 5 How to Help With Bipolar Treatment—Without Taking Over | 14 How to Help Someone With Bipolar Depression |
| 6 Bipolar and Sleep: How to Help Without Taking Over | 15 Make a Bipolar Crisis Plan Before You Need It |
| 7 Bipolar Warning Sign or Just a Bad Day? | 16 Bipolar, Boundaries and Children: Where to Draw the Line |
| 8 Bipolar, Alcohol and Cannabis: How Can You Help? | 17 When Bipolar Strains the Family: Where Do You Start? |
| 9 Early Signs of Mania and Hypomania Loved Ones May Notice | 18 How to Rebuild Trust After a Bipolar Episode |
| | 19 Support Someone With Bipolar Without Losing Yourself |

HOW IT WORKS One short video and one worksheet per lesson · a two-minute route for the weeks when that's all you have · built *with* the person you support, not around them · free, no account · not therapy and not a crisis service.



Out in November 2026. Sign up and we'll tell you on day one.

I'm passing this on because...



bipolarclarity.com/family

If you're worried about their safety right now: bipolarclarity.com/gethelp. The crisis lines for every country are also on the last pages of this document.

If you're in immediate danger

Call your local emergency number right now (for example, 911 in the US, 999 in the UK, 112 across the EU).

Crisis lines by country

COUNTRY OR REGION	LINE
Algeria	no national crisis line we could verify — in an emergency call 14 (ambulance) or 17 (police); to find a line, see findahelpline.com.
Argentina	call 135 (Buenos Aires) or 0800 345 1435 — Centro de Asistencia al Suicida.
Australia	call 13 11 14 — Lifeline (24/7).
Bahrain	no national crisis line we could verify — in an emergency call 999; to find a line, see findahelpline.com.
Belgium	call 1813 — Zelfmoordlijn 1813 (24/7).
Brazil	call 188 — CVV, Centro de Valorização da Vida (24/7).
Chile	call *4141 (24/7).
China (mainland)	call 12356 — 全国心理援助热线, National Psychological Assistance Hotline (daily, hours vary by province, at least 18h/day).
Denmark	call 70 201 201 — Livslinien.
Egypt	call 0800 888 0700 — Ministry of Health and Population mental health hotline (24/7).
Finland	call 09 2525 0111 — MIELI (24/7) · English 09 2525 0116.
France	call 3114 — Numéro national de prévention du suicide (24/7).
Germany	call 0800 111 0 111 — Telefonseelsorge (24/7). Austria 142 · Switzerland 143.
Hong Kong	call 2896 0000 — The Samaritan Befrienders Hong Kong (24/7, Cantonese); multilingual 2389 2222 — The Samaritans (24/7).
India	call 14416 or 1800-89-14416 — Tele-MANAS (24/7, 20 languages).
Iraq	no national crisis line we could verify — in an emergency call 122 (ambulance) or 104 (police); to find a line, see findahelpline.com.
Israel	call 1201 — ERAN, Emotional First Aid (24/7).
Italy	call 02 2327 2327 — Telefono Amico Italia; emergencies 112.
Japan	call 0120-279-338 — よりそいホットライン (24/7).
Jordan	call 079 544 0416 — JCPA Suicide & Crisis Line (24/7); emergencies 911.
Kuwait	no national crisis line we could verify — in an emergency call 112; to find a line, see findahelpline.com.
Lebanon	call 1564 — Embrace Lifeline, National Lifeline (24/7, Arabic/English/French).
Mexico	call 800 911 2000 — Línea de la Vida (24/7).
Morocco	no national crisis line we could verify — in an emergency call 15 (ambulance) or 19 (police); to find a line, see findahelpline.com.

COUNTRY OR REGION	LINE
Netherlands	call 0800-0113 – 113 Zelfmoordpreventie (24/7) • 113.
New Zealand	call or text 1737 (24/7) • Lifeline 0800 543 354.
Norway	call 116 123 – Mental Helse (24/7).
Oman	no national crisis line we could verify – in an emergency call 9999; to find a line, see findahelpline.com.
Poland	call 116 123 – Telefon Zaufania dla Osób Dorosłych w Kryzysie Emocjonalnym – hours: see 116sos.pl.
Portugal	call 808 24 24 24 – SNS 24.
Qatar	call 919 – AMAN Centre, Protection and Social Rehabilitation Centre (24/7).
Russia	no national crisis line we could verify – in an emergency call 112; to find a line, see findahelpline.com.
Saudi Arabia	call 920033360 – National Center for Mental Health Promotion, psychological support helpline (not 24/7; set daytime hours).
Singapore	call 1771 – national mindline (24/7) • SOS 1767.
South Africa	call 0800 567 567 – SADAG.
South Korea	call 109 – 자살예방 상담전화 (24/7).
Spain	call 024 – Línea de atención a la conducta suicida (24/7).
Sweden	call 90 101 – Självmordslinjen (Mind).
Taiwan	call 1925 – 安心專線, Anxin Hotline, Ministry of Health and Welfare (24/7).
Tunisia	call 8010 3666 – Association Tunisienne de Prévention du Suicide (ATPS).
United Arab Emirates	call 800-HOPE (800 4673) – National Mental Support Line, MOHAP (8am–8pm daily).
UK & Ireland	call 116 123 – Samaritans (24/7); in the UK you can also text SHOUT to 85258.
US & Canada	call or text 988 – Suicide & Crisis Lifeline (24/7).
Europe (any country)	call 112 for emergencies.

Numbers can change, and many countries aren't listed here. If yours is missing, find a verified local line in seconds at findahelpline.com.

If you're not safe at home

The lines below are for violence or abuse at home – from a partner, a family member, anyone you live with. An illness can explain a behaviour; it never excuses it. You don't have to have decided anything to call.

COUNTRY OR REGION	LINE
Algeria	call 0560 100 105 – Réseau Wassila-AVIFE (Sunday–Thursday, daytime hours).
Argentina	call 144 – Línea 144 (24/7).

COUNTRY OR REGION	LINE
Australia	call 1800 737 732 – 1800RESPECT (24/7); or text 0458 737 732.
Bahrain	call 80001488 – Aisha Yateem Family Counseling Centre (hours not confirmed).
Belgium	call 1712 – Hulplijn 1712 (Dutch, weekdays) · call 0800 30 030 – Écoute Violences Conjugales (French).
Brazil	call 180 – Ligue 180, Central de Atendimento à Mulher (24/7).
Chile	call 1455 – Fono Orientación, SernamEG (24/7).
China (mainland)	call 12338 (dial with your local area code) – All-China Women's Federation Rights Protection Hotline (24/7).
Denmark	call 1888 – Lev Uden Vold (24/7).
Egypt	call 15115 – National Council for Women, Complaints Office (24/7).
Finland	call 116 016 – Nollalinja (24/7); the old number 080 005 005 still works.
France	call 3919 – Violences Femmes Info (24/7); the call doesn't show on your phone bill.
Germany	call 116 016 – Hilfetelefon Gewalt gegen Frauen (24/7). Austria 0800 222 555 · Switzerland 142.
Hong Kong	call 2522 0434 – Harmony House 24-hour Woman Hotline (24/7).
India	call 181 – Women Helpline (24/7).
Iraq	no national domestic-violence line we could verify – in an emergency call 122 (ambulance) or 104 (police); to find a line, see findahelpline.com.
Israel	call 118 – national domestic violence hotline (24/7, Hebrew, Arabic, English, Russian, Amharic).
Italy	call 1522 – numero antiviolenza e stalking (24/7).
Japan	call 0120-279-889 – DV相談+ (24/7).
Jordan	call 110 – National Family Protection Hotline, Family Protection Department (24/7).
Kuwait	no national domestic-violence line we could verify – in an emergency call 112; to find a line, see findahelpline.com.
Lebanon	call 03-018019 – KAFA Helpline (24/7, Arabic/English).
Mexico	call 079, option 1 – Línea de las Mujeres (24/7).
Morocco	call 8350 – Union Nationale des Femmes Marocaines (UNFM), "Koulounamaak" green line (Arabic/French; hours not confirmed).
Netherlands	call 0800-2000 – Veilig Thuis (24/7).
New Zealand	call 0800 456 450 – Are You OK (24/7) · Women's Refuge 0800 733 843.
Norway	call 116 006 – VO-linjen (24/7).
Oman	no national domestic-violence line we could verify – in an emergency call 9999; to find a line, see findahelpline.com.
Poland	call 800 120 002 – Niebieska Linia, Blue Line (24/7); English Mondays 6–10pm, Russian Tuesdays 6–10pm.
Portugal	call 800 202 148 – Linha de Informação às Vítimas de Violência Doméstica (24/7); or text 3060.
Qatar	call 919 – AMAN Centre, Protection and Social Rehabilitation Centre (24/7).

COUNTRY OR REGION	LINE
Russia	call 8-800-7000-600 — ANNA Center, National Center for the Prevention of Violence (9am–9pm).
Saudi Arabia	call 1919 — Domestic Violence Reporting Center, Ministry of Human Resources and Social Development (24/7).
Singapore	call 1800-777-0000 — National Anti-Violence and Sexual Harassment Helpline (24/7).
South Africa	call 0800 428 428 — GBV Command Centre (24/7).
South Korea	call 1366 — 여성긴급전화 1366 (24/7).
Spain	call 016 (24/7) — the call doesn't show on your phone bill • WhatsApp 600 000 016.
Sweden	call 116 016 — Kvinnofridslinjen (24/7); the old number 020-50 50 50 still works.
Taiwan	call 113 — Protection Hotline 113, for domestic violence, sexual assault and abuse (24/7, multilingual).
Tunisia	call 1899 — Ligne Verte 1899, National Observatory to Combat Violence Against Women (24/7, Arabic/French).
United Arab Emirates	call 800111 — Dubai Foundation for Women and Children (DFWAC) (24/7).
UK & Ireland	UK 0808 2000 247 — National Domestic Abuse Helpline (24/7) • Ireland 1800 341 900 — Women's Aid (24/7).
US & Canada	US, call 1-800-799-7233 — National Domestic Violence Hotline (24/7), or text START to 88788. In Canada, find your nearest shelter at sheltersafe.ca.
Europe (any country)	call 112 for emergencies.

Numbers can change, and many countries aren't listed here. If yours is missing, the NO MORE Global Directory lists services in more than 190 countries. If you're in immediate danger, call your local emergency number first.

Anywhere in the world

Find a free helpline in your country here: findahelpline.com or befrienders.org. You can also tell someone you trust what you're feeling, and ask them to stay with you.

If it's not an emergency, but you're struggling

Call your clinician or care team, or book the soonest appointment you can. If you have a crisis plan or a safety contact, now is the moment to use it. Getting through the next hour is enough — you don't have to solve everything today.

Bipolar Clarity is educational content and cannot provide emergency help or personal medical advice. Please use the resources above for urgent support.