

03

Bipolar Sleep: 3 Short Nights That Mean Different Things

A private seven-day observation of your sleep and one daily anchor. Not a test, not a score, and not a diagnosis.

LESSON 3 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/I03

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)	
03	Bipolar Sleep: 3 Short Nights That Mean Different Things	YOU ARE HERE
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

A private seven-day observation of your sleep and one daily anchor. Not a test, not a score, and not a diagnosis.

You leave with a short description of what is usual for you, one flexible anchor, and one message you could actually use if a change deserves professional attention.

What this chapter is about

This chapter goes with video lesson 3. It is the working half. The video does the teaching; this grid is where you do the work.

Seven days of watching, and nothing else. No score, no test, no verdict. You write down when you slept, how much you wanted to, whether you had the chance, and one daily anchor. That is the entire exercise, and it is deliberately small because it has to survive an ordinary week.

The number on its own is not the pattern. Five hours can be three completely different things. It can be insomnia — you wanted to sleep and could not. It can be insufficient opportunity — a baby, a shift, a deadline, a flight. Or it can be a decreased need for sleep, where you slept less and did not feel tired, which is the one worth noticing early. The hours look identical on paper. What separates them is desire, opportunity and what your energy did afterwards, which is why this grid asks for all of it and not just the number.

One anchor, not a schedule. Pick a single thing that happens at roughly the same time each day and that you can mostly control — a first meal, going outside, the same alarm. Not a timetable, not a regime. Something observable and gentle enough that a bad Tuesday does not break it.

Baseline is yours. Usual means usual *for you*. There is no target here set from outside, and this page is not asking you to sleep more, sleep better, or hit a recommended figure.

And a blank is legitimate. A missed day is data about the week, not a failure of the exercise. Write what you have.

Key ideas

Four things worth knowing before you write anything.

1. **The number alone is not the pattern.** Compare desire for sleep, opportunity, fatigue, energy, behavior and context.
2. **Three short nights can be three different things:** insomnia, too little opportunity, or a decreased need for sleep.

3. **Baseline is personal.** Usual is your own reference, not a target set from outside.
4. **One anchor, not a schedule.** Something observable, partly in your control, and gentle enough for an ordinary difficult day.

Watch the video first

This page is the **second half of the lesson**. The video does the teaching; the page is where you do the work. If you have not watched lesson 3 yet, watch it before you start writing. The video lesson is *Bipolar Sleep: 3 Short Nights That Mean Different Things* — lesson 3 of the Bipolar Stability Program.

It explains **why** the same five hours can mean three different things, **when** a short night is worth telling somebody about before the week is over, and **how much you can leave out** on a bad day. Without that, the grid below is a form to fill in. With it, the grid becomes a description you can hand to somebody.

The lesson is *Bipolar Sleep: 3 Short Nights That Mean Different Things* — lesson 3 of the Bipolar Stability Program.

Before you begin

Scope and safety. This workbook does not diagnose an episode, prescribe sleep hours, or tell you to change treatment. **Do not wait seven days** if less need for sleep arrives with rising activation, serious impairment, psychosis or danger.

Your workbook answers are private. Bipolar Clarity does not receive them and nobody here monitors them.

Three words this chapter uses.

- **Sleep window** — the stretch between getting into bed meaning to sleep and getting up for the day. Not the time you fell asleep: the time you were trying to. If you lay awake for an hour, that hour is inside the window, and that gap is itself worth noticing.
- **Anchor** — one small thing you do at roughly the same time most days, that you can see yourself doing. Opening the curtains. Eating breakfast sitting down. Taking the bin out. One, not a routine. It is a marker you can read, not a target to hit.
- **Activation** — going faster than your usual: talking more, moving more, starting things, ideas arriving quicker, needing less sleep without feeling tired for it. It is not the same as being in a good mood, and it can arrive with irritability rather than with cheerfulness.

Your route today. The core route is one short entry a day for a week. The low-energy route is three fields a day. Missing a day is not a failure — leave the gap and pick up the next one.

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 3. 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

Three short-sleep patterns

Use these as descriptions for communication — not as diagnostic criteria.

- **Insomnia.** “I had an opportunity and wanted or needed sleep, but sleep was difficult.” Often tired or distressed; cause remains open.
- **Too little opportunity.** “Work, care, travel, environment or another demand left too little protected time.” Tired, but the available window was compressed.
- **Decreased need.** “I slept clearly less than usual and did not feel tired in the expected way.” More concerning with rising energy, speed, irritability, confidence, impulsivity or visible behavior change.

The number alone is not the pattern. “Uncertain” is a valid description.

A recent night, if useful

CLOSEST DESCRIPTION

☐

resembled insomnia

☐

resembled too little opportunity

☐

resembled decreased need for sleep

☐

uncertain or not completing this now

WHAT MAKES THAT DESCRIPTION FIT

Prepare the baseline — what is usual, and one workable anchor

Usual is a personal reference, not a target imposed from outside. Write this **before Day One**.

When reasonably stable, my sleep window is usually around

MY SLEEP NEED USUALLY FEELS LIKE

MY ENERGY IS USUALLY

☐ low

☐ usual

☐ high

☐ uncertain

My one anchor — observable, partly in my control, gentle on a difficult day

My earlier-contact route, written now, for if sleep need drops while energy or activation rises

Seven-day observation

Approximate entries are enough. Observe before trying to optimize.

No opportunity is a real entry for your anchor, and it is not the same as **did not happen**. Use it on a day that gave the anchor no chance — you were travelling, in hospital, away from home, or the day simply had no version of it. **Did not happen** means the chance was there and it did not happen, which is different information and worth keeping separate.

	SLEEP WINDOW BEGAN	GOT UP FOR THE DAY	SLEEP NEED	ENERGY	ANCHOR	CONTEXT, OPTIONAL
			low	low	happened	
			usual	usual	did not happen	
			higher	high	no opportunity	
			lower			
			uncertain	uncertain		
Day 1						
DATE						
Day 2						
DATE						

	SLEEP WINDOW BEGAN	GOT UP FOR THE DAY	SLEEP NEED	ENERGY	ANCHOR	CONTEXT, OPTIONAL
			low	happened		
			usual	usual	did not happen	
			higher	high	no opportunity	
			lower			
			uncertain	uncertain		
Day 3						
DATE						
Day 4						
DATE						
Day 5						
DATE						
Day 6						
DATE						
Day 7						
DATE						

Burden limit — was this week workable to track?

Simplify or stop if tracking becomes harmful or compulsive. More data is not automatically better data.

WAS THIS WEEK WORKABLE

☐ yes at about the right level

☐ only with the low-energy route

☐ no, tracking increased anxiety, shame, checking, conflict or activation

☐ uncertain

WHAT WOULD MAKE OBSERVATION SAFER OR LIGHTER

03

Review without scoring — describe the week, do not diagnose it

Look for change from your own baseline and keep context visible.

WHAT LOOKED CLOSE TO USUAL

WHAT CLEARLY DIFFERED

If sleep was shorter, did I feel tired — or did sleep need feel lower while energy rose

WHAT CONTEXT MAY HELP EXPLAIN THE WEEK

HOW REPRESENTATIVE THIS WEEK WAS

☐

reasonably representative

☐

disrupted by unusual circumstances

☐

uncertain

Care-message builder

“Over the last [write here] days, my sleep window changed from [write here] to [write here]. My need for sleep felt [write here]. My energy or behavior changed in these ways: [write here]. Relevant context was [write here]. I would like advice about what to do next.”

MY MESSAGE

Low-energy route

Three fields, and that is a complete entry. One day is still information. Stop here if this is enough today.

TIME I GOT UP

ENERGY

☐

low

☐

usual

☐

high

☐

uncertain

One context word — shift, pain, travel, baby, illness, Not known yet

Worked fictional example

Maya is a fictional composite. She records three nights from one week and reads them side by side.

- **Monday.** Late shift, then an early hospital appointment with her mother. Sleep window about five hours; she felt exhausted and wanted more sleep. Closest description: too little opportunity.
- **Wednesday.** The night was available and she wanted to sleep, and she spent much of it awake and worried. Tired the next day. Closest description: insomnia.
- **Saturday.** About five hours again, no fatigue, reorganizing the apartment before sunrise, a stream of ambitious messages, faster speech, unusually irritable when her sister questioned the plans. Closest description: decreased need for sleep, with rising activation.

Her usual pattern, written before Day One: a sleep window of roughly seven to eight hours, sleep need “usual for me,” energy “usual.” Her one anchor: opening the curtains after getting up. Her earlier-contact route: the clinic number already in her phone.

Her message: “Over the last seven days my sleep window changed from about seven to eight hours to about five. My need for sleep felt lower on Saturday, my energy and speech changed, and my sister noticed the difference. Relevant context was a late shift and a family appointment. I would like advice about what to do next.”

Maya is fictional. The example demonstrates the fields; it is not a diagnosis, a recommended answer or a target to match. Five hours diagnosed nothing — the third night was worth communicating because of the combination.

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 day is recorded in your own words** — one row is enough. A week you did not finish observing is a valid state, not a failed one.

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

Before you close this page

Private; never submitted, uploaded, collected or monitored.

HOW CLEAR THE THREE SLEEP PATTERNS ARE

☐ clear ☐ partly clear ☐ unclear ☐ not known yet

HOW CLEAR MY OBSERVATION PLAN IS

☐ clear ☐ partly clear ☐ unclear ☐ not known yet

Where this page goes

Transfer concise meaning — not the full private diary. Five items travel, and five only.

MY USUAL SLEEP-AND-ENERGY PATTERN

A PERSONALLY MEANINGFUL CHANGE I WANT TO NOTICE

EARLIER-CONTACT ROUTE

URGENT-ASSESSMENT ROUTE

EMERGENCY ROUTE

Leave behind a guessed diagnosis, a promise that one anchor prevents episodes, and any rigid sleep target this workbook seems to imply.

Privacy and safety

If you are pregnant or have recently given birth, raise meaningful sleep disruption with your care team early. Bipolar disorder is associated with increased risk of becoming unwell after birth — association, not prediction — and guidelines ask services to stay alert through those first weeks even when you are well; a tracker is preparation, not a substitute for care. Context to raise early

☐ yes ☐ no ☐ not known yet ☐ prefer not to answer

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.

Anchor (lesson 22) — one routine that holds a day together, designed in three versions: normal, minimum, and what you do when the day falls apart. Its job is to keep working when its shape has to change.

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).

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.

Transfer — the moment at the end of a chapter when what you have written moves into your Stability Plan. The chapter is the workshop; the Plan is where the finished thing lives.

Activation — increases in energy, speed, drive or restlessness. Worth naming separately from mood, because activation can rise while mood falls.

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.

Psychosis (lesson 8) — losing contact with shared reality: for example believing things others do not believe, or hearing or seeing things others do not. It can occur in severe mania and in severe depression. It is a reason to seek help quickly, and it says nothing about whether a person is dangerous.

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.

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

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.

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?

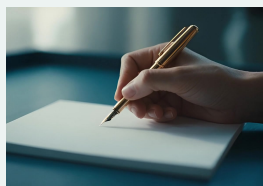
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹ 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

- | | |
|---|---|
| <ol style="list-style-type: none"> 1 Someone You Love Was Diagnosed With Bipolar—What Now? 2 Helping Someone With Bipolar: What's Actually Your Role? 3 Understanding Bipolar Behavior: What Can You Really Know? 4 Did You Cause Their Bipolar Episode? 5 How to Help With Bipolar Treatment—Without Taking Over 6 Bipolar and Sleep: How to Help Without Taking Over 7 Bipolar Warning Sign or Just a Bad Day? 8 Bipolar, Alcohol and Cannabis: How Can You Help? 9 Early Signs of Mania and Hypomania Loved Ones May Notice | <ol style="list-style-type: none"> 10 Bipolar Depression and Mixed States: What to Notice 11 A Bipolar Episode May Be Starting—What Should You Do? 12 How to Talk to Someone With Bipolar During Conflict 13 How to Respond to Mania Without Adding to the Conflict 14 How to Help Someone With Bipolar Depression 15 Make a Bipolar Crisis Plan Before You Need It 16 Bipolar, Boundaries and Children: Where to Draw the Line 17 When Bipolar Strains the Family: Where Do You Start? 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 – Självmoderslinjen (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.