

05

What Is My Bipolar Medication Actually For?

One page that does the remembering for you: what you take, what it is meant to do, what seems to help, what concerns you, and what still needs clarification or monitoring.

LESSON 5 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/I05

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.

05

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	
04	Bipolar Early Warning Signs: Pick 4 That Are Yours	
05	What Is My Bipolar Medication Actually For?	YOU ARE HERE
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

One page that does the remembering for you: what you take, what it is meant to do, what seems to help, what concerns you, and what still needs clarification or monitoring.

You leave with a page you can put on the table at your next appointment, and up to three questions worth asking.

Boundary. This Program does not recommend a medicine, compare doses, select a treatment, or tell you to start, stop, restart, taper, change or combine anything. This page is not an emergency medication list, and it does not replace the current record your care team holds.

If a medication change is being considered, contact the appropriate prescriber or clinician before acting. Use an urgent route when the situation is urgent.

What this chapter is about

This chapter goes with video lesson 5. It is the working half. The video does the teaching; this page is where you do the work — and it is the page you actually put on the table at the appointment.

The problem is a memory test under time pressure. What was the name? What changed? Was the benefit worth the cost? Which blood test was due? Which question vanished the moment the appointment started? Nobody told you it was an open-book exam. This page is the open book.

A category name is a map, not an instruction. You will hear broad terms — mood stabilizer, antipsychotic, anticonvulsant, antidepressant, medicine for sleep or anxiety — and most of them are historical accidents. *Mood stabilizer* is an umbrella word rather than a precise category. *Antipsychotic* is named after what that family was first developed for, and in bipolar disorder these are frequently prescribed for a mood episode: seeing that word on your label is not a hint that somebody thinks you have psychosis. *Anticonvulsant* arrives from epilepsy. The *antidepressant* is handled with more care here than elsewhere, and guidance generally has it accompanied rather than working alone.

Knowing the family is worth having, and it still is not the job. Two people can be given the same family for opposite reasons. What matters for your page is the job your prescriber intends for *your* medicine, now and over the years — so the page asks what you were told, and where you were told it.

Copy exact information; never reconstruct it. Take the name from your current label, list or record. If two sources disagree, write *sources differ* and take both to a pharmacist. **Needs verification** is a better entry than a confident guess, and it is not an admission of anything.

Benefit is an observation. *My sleep became more regular. Agitation reduced. I could make a decision.* Timing on its own promises nothing about cause, and your concerns and quality of life are legitimate inputs to a treatment decision rather than complaints.

Monitoring is individual. Some medicines involve physical checks, blood tests or level monitoring; what applies depends on the medicine and on you. This page never invents a schedule. It turns monitoring into four questions instead: what applies, when it is due, who orders it, and where the result gets reviewed.

Key ideas

1. **Your medication has a specific intended job.** Asking what that job is now, and over the years, is fair game.
2. **Copy exact current information.** Never reconstruct it from memory — **needs verification** beats a guess, every time.
3. **A benefit is an observation, not a conclusion.** Timing on its own promises nothing about cause.
4. **Concerns and quality of life are legitimate inputs** to a treatment decision.
5. **Monitoring is individual.** There is no universal schedule, and this page never invents one.
6. **The page carries the question.** It never carries the decision.

Watch the video first

The video carries two things this page deliberately leaves out.

- **Daniel has eleven days until his appointment and a plan he has not told anybody about.** What he does with this page is the point of the whole lesson, and none of it becomes treatment advice.
- **Why each medicine family carries the name it does,** and what that name is and is not evidence of. The glossary here defines the words; the video explains why they mislead.

Watch it before you fill this in. The video lesson is *What Is My Bipolar Medication Actually For?* — lesson 5 of the Bipolar Stability Program.

Before you begin

- Have a reliable current source in front of you: the label, the pharmacy list or the care record.
- You do not need to prove causation before recording a concern.
- Nothing here asks you to place a medicine in a category or to infer why it was prescribed.
- If the situation is urgent, stop and use an urgent route. See **Privacy and safety**.

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

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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 5. 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.

Low-energy route

Two lines. That is the whole route.

1. The exact current medicine name, copied from a reliable label, list or record — or needs verification

.....

2. The one question you want answered

.....

These two lines are a complete low-energy version. You can stop here.

Core route

The page has five parts, and they are the same five you heard in the lesson: **exact current information • intended job • possible benefit • concern • questions and monitoring.**

Exact current information

Copy, do not reconstruct from memory.

Exact medicine name and exact current instructions, as written:

.....

.....

SOURCE CHECKED:☐ label☐ pharmacy list☐ care record☐ other☐ needs verification**DATE SOURCE CHECKED:**

05

Intended job — as I understand it**Current purpose, in ordinary language — or purpose unclear / needs confirmation****Possible benefit****What I observed, roughly when, and what else was going on at the time:****CONFIDENCE ABOUT THE TIMING:**☐ known☐ possible☐ uncertain

An observation is “my sleep became more regular during the month after the change.” A conclusion is “this medication fixed my sleep.” This page holds the first.

Concern or possible side effect**What I observed, when it began or changed, whether it is continuing, and how much it matters to me:****CONFIDENCE ABOUT THE TIMING:**☐ known☐ possible☐ uncertain

You do not have to prove causation before recording a concern.

Questions and monitoring

What monitoring applies in my situation, when is it due, who orders it, and where is the result reviewed?

Next date confirmed by the care or pharmacy service — leave blank until somebody confirms it, or mark unclear / needs verification

05

Never prefill a universal test or schedule. Your edition may explain how to contact a pharmacist or prescriber; the professional or local source confirms the individual requirement.

My questions — maximum three. Prompts, if a blank page is hard:

- What is this intended to help with now and over the years?
- What are the main benefits and risks in my situation?
- How will we know whether it is helping?
- What monitoring applies, when is it due, and who reviews it?
- What options could we discuss for this concern?
- What should I do if this happens again?
- What should I verify with a pharmacist?

MY QUESTIONS FOR THE APPROPRIATE PROFESSIONAL

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 core field that does not depend on an external source — the intended job as you understand it, a concern, or your question — is written in your own words**. A page waiting for a pharmacy list or a confirmed monitoring date is a valid state, not an unfinished page.

☐

Ready to use

☐

Waiting for information

☐

Keeping this private

Worked fictional example

Daniel — fictional composite

- Exact current information, copied from a reliable source: copied from the current pharmacy label.
- Source checked: label. Date checked: this week.
- Intended job, as I understand it: “I think this is for preventing high states; needs confirmation.”
- Possible benefit I observed: “Fewer nights of escalating activity since the last review; several other things changed too.” Confidence: possible.
- Concern or possible side effect: “Morning slowing affects the first part of work; began after the dose change; still present.” Confidence about timing: known.
- Monitoring question: “Blood test mentioned; date and owner unclear.”
- My questions for the appropriate professional: “What is the intended job of this medicine now, what monitoring is due, and what options could we discuss for the morning slowing?”

Daniel is fictional. This demonstrates the page, not a recommended medicine or decision. No medicine name, dose, test or schedule is supplied in the example.

Before you close this page

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

WHAT THIS MEDICINE IS FOR

☐ clear

☐ partly clear

☐ unclear

☐ not known yet

WHAT I WOULD REPORT NEXT TIME

☐ clear

☐ partly clear

☐ unclear

☐ not known yet

ONE THING I WANT TO ASK ABOUT:

Where this page goes

Transfer only:

- the verified current-information source and date;
- one benefit/concern summary;

- the monitoring uncertainty;
- up to three questions.

Do not transfer a self-directed treatment decision. Replace the summary when verified information changes.

Privacy and safety

05

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

- This page is a personal draft. It is not a prescription, not an emergency medication list, and it does not replace the current record your care team holds.
- The Program will never tell you to start, stop, taper, restart, select, or change a medication.
- Do not let this page delay help. That is the one way it can hurt you.

When to get help sooner

Seek urgent professional advice for a severe or rapidly worsening reaction, a major change in mental state, psychosis, severe agitation, serious loss of judgment or functioning, inability to care for basic needs, or concern about harm.

For a question about a medicine rather than an emergency — “is this normal”, “can I take this with that”, “I have missed a dose” — a pharmacist is usually the fastest qualified person to reach, and in most countries you do not need an appointment. Write yours here once, with the opening hours if they matter.

MY PHARMACY OR MEDICINES-ADVICE ROUTE

Your country's lines are in the crisis annex at the back of this workbook: emergency and crisis lines country by country, a section for when it is not an emergency but you are struggling, and one for when home is not safe. bipolarclarity.com/gethelp holds the same list and stays current.

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.

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.

Antidepressant — a class of medicine used for depression. In bipolar disorder their use is debated, because for some people they can tip mood upward. Guidelines weigh this carefully and your prescriber decides what applies to you.

Antipsychotic — a class of medicine used in bipolar disorder for acute episodes and, for some people, longer term. The name is misleading: they are used well beyond psychosis. Akathisia, above, is one of the effects worth knowing about.

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.

Mood stabilizer — an umbrella term for medicines used in the longer-term management of bipolar disorder. It is a category with soft edges, not a precise class, and the same medicine can be doing different jobs at different times. What yours is for in your case belongs in your own verified information, from the person who prescribes for you.

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.

Taper — reducing a medicine gradually, on a schedule set by the person who prescribes it. It appears in this workbook only so you can recognize the word. **The Program will never tell you to start, stop, taper, restart, select, or change a medication.**

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?

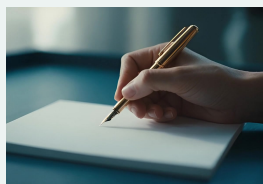
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹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

- | | |
|---|---|
| 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 – Självordslinjen (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.