

08

Hypomania Signs Others Often Notice Before You Do

Collect candidate changes from a high or irritable period, from more than one viewpoint, in language a professional can work with.

LESSON 8 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/I08

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	
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	YOU ARE HERE
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

Collect candidate changes from a high or irritable period, from more than one viewpoint, in language a professional can work with.

You leave with your Elevated-State Inventory — one somebody can review, one question to ask, and your three help routes written down.

What this chapter is about

This chapter goes with video lesson 8. It is the working half. The video does the teaching; this inventory is where you do the work.

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The hard part of this chapter is that the state it describes can feel like an improvement. More energy, more ideas, less need for sleep, more certainty. From the inside it can read as finally being well — which is exactly why it gets described late, and usually by somebody else first.

Energy alone does not separate mania from hypomania. What separates them is severity, impact on your life, whether psychosis appears, and whether care was needed. A cheerful high and a difficult one can carry the same amount of energy.

A high state is not always cheerful. It can be elevated, irritable or mixed — and the mixed and irritable versions are the ones people leave off the page, because they do not match the picture.

Three positions, all useful. *I notice this. Others notice this. Unsure.* Disagreement between you and somebody who knows you is not a problem to resolve before writing: it is information, and it goes on the page as a disagreement.

Write behavior, not verdicts. *Eleven project messages sent overnight. Two commitments made without checking the diary.* Those travel into an appointment. *I was manic* does not, because it is the conclusion the page is supposed to help somebody else reach.

And rising activation protects you from nothing. Severe distress and suicide risk can appear inside a high state, not only inside a low one. That is here rather than assumed, because it is the assumption that causes harm.

Key ideas

1. **Mania and hypomania are not separated by energy alone:** severity, impact, psychosis and need for care are what matter.
2. **A high state can be elevated, irritable or mixed,** and it often feels useful from the inside.

3. **“I notice,” “others notice” and “unsure” are all useful positions.** Disagreement is recorded, not resolved.
4. **Rising activation does not protect you** from severe distress or suicide risk.

Watch the video first

Three things belong to the video.

- **Why somebody else usually notices first**, explained without making that humiliating.
- **The outbox test**, and the other small checks that work when your own judgement is the thing that changed.
- **Leah's period, described twice** — once as she saw it, once as her colleague did.

Watch it before you start listing. The video lesson is *Hypomania Signs Others Often Notice Before You Do* — lesson 8 of the Bipolar Stability Program.

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Before you begin

Recognize a pattern — not a score. Three questions organize everything here.

1. **CLUSTER.** Several changes move together. One short night, energetic day, confident decision, or irritable moment is not enough.
2. **CHANGE.** The pattern is meaningfully different from what is usual for you. Context and alternative explanations stay visible.
3. **COURSE.** Duration, functioning, judgment, psychosis, need for care, and the broader history help a professional interpret the period.

Scope and safety

This workbook cannot diagnose mania or hypomania and does not tell you to change treatment. Do not complete it before seeking help when there is rapid escalation, psychosis, dangerous behavior, serious loss of judgment, or immediate danger.

Mania and hypomania

Both involve a clear change in mood, energy, and activity. Mania crosses a more serious boundary of marked impairment, seriously compromised judgment, possible hospital care, or psychosis. Hypomania is less severe, but not imaginary or automatically harmless.

Do not classify yourself here

Record candidate observations. A qualified professional considers severity, duration, context, course, health conditions, substances, medicine effects, and other explanations.

REFERENCE • Six domains to review. Look for observable departures from your baseline within a larger cluster.

DOMAIN	WHAT A CANDIDATE CHANGE CAN LOOK LIKE
SLEEP + ENERGY	Lower need for sleep; rising energy or activity; wired, driven, restless, or unusually irritable.
SPEED + ATTENTION	Faster thoughts or speech; rapid topic shifts; many simultaneous tasks; harder to pause or follow a shared plan.
PLANS + CONFIDENCE	Rapid multiplication of projects or commitments; less feasibility checking; unusually fixed certainty.
COMMUNICATION	Major change in calls, posts, disclosure, social contact, argument, flirtation, or overnight messaging.
RISK + JUDGMENT	A change in evaluation of cost, consent, safety, evidence, or consequence — not another person's moral approval.
IMPACT + CARE	Effects on work, study, relationships, self-care, money, housing, safety, urgent assessment, hospital care, or psychosis.

Neutral language

Write what changed and who observed it. Creativity, confidence, sexuality, irritability, or spending alone is not a diagnosis.

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 8. 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. One possible change, and who noticed it: me / someone else / unsure

.....

2. One effect, or one question

.....

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

Core route

Optional reference period already discussed professionally — or write 'no confirmed period' or 'not known yet'.

.....

One observation at a time

Use no more than six in total. That is the ceiling, not a target; leave any card blank.

The four lines below describe **one observation**. You fill them again for each one, up to six.

POSITION:

☐ I notice	☐ others notice	☐ unsure
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WHO NOTICED IT — CARD 2

☐ I notice	☐ others notice	☐ unsure
-----------------------------------	--	---------------------------------

WHO NOTICED IT — CARD 3

☐ I notice	☐ others notice	☐ unsure
-----------------------------------	--	---------------------------------

WHO NOTICED IT — CARD 4

☐ I notice	☐ others notice	☐ unsure
-----------------------------------	--	---------------------------------

WHO NOTICED IT — CARD 5

☐ I notice	☐ others notice	☐ unsure
-----------------------------------	--	---------------------------------

WHO NOTICED IT — CARD 6

☐ I notice	☐ others notice	☐ unsure
-----------------------------------	--	---------------------------------

DOMAIN:

☐ sleep/energy	☐ speed/attention	☐ plans/confidence	☐ communication
☐ risk/judgment	☐ impact/care		

DOMAIN – CARD 2

☐ sleep/energy	☐ speed/attention	☐ plans/confidence	☐ communication
☐ risk/judgment	☐ impact/care		

DOMAIN – CARD 3

☐ sleep/energy	☐ speed/attention	☐ plans/confidence	☐ communication
☐ risk/judgment	☐ impact/care		

DOMAIN – CARD 4

☐ sleep/energy	☐ speed/attention	☐ plans/confidence	☐ communication
☐ risk/judgment	☐ impact/care		

DOMAIN – CARD 5

☐ sleep/energy	☐ speed/attention	☐ plans/confidence	☐ communication
☐ risk/judgment	☐ impact/care		

DOMAIN – CARD 6

☐ sleep/energy	☐ speed/attention	☐ plans/confidence	☐ communication
☐ risk/judgment	☐ impact/care		

OBSERVABLE CHANGE, IN YOUR OWN WORDS:

OBSERVABLE CHANGE – CARD 2

OBSERVABLE CHANGE – CARD 3

.....

.....

OBSERVABLE CHANGE – CARD 4

.....

.....

OBSERVABLE CHANGE – CARD 5

.....

.....

OBSERVABLE CHANGE – CARD 6

.....

.....

CONTEXT OR SOURCE (OPTIONAL):

.....

.....

CONTEXT OR SOURCE – CARD 2

.....

.....

CONTEXT OR SOURCE – CARD 3

.....

.....

CONTEXT OR SOURCE – CARD 4

.....

.....

CONTEXT OR SOURCE – CARD 5

CONTEXT OR SOURCE – CARD 6

POSITION, NOT VERDICT

'I notice,' 'others notice,' and 'unsure' are all useful. Record disagreement rather than forcing consensus.

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Impact, uncertainty, and one question

These positions support communication; they are not diagnostic thresholds. A noticeable change means a change in functioning or in relationships. Serious impairment or urgent care covers urgent assessment, hospital care, or psychosis.

IMPACT POSITION:
☐ no clear impact recorded

☐ noticeable change

☐ serious impairment or urgent care

☐ unsure
WHAT HAPPENED – OR WHAT REMAINS UNCERTAIN?**ONE QUESTION FOR A QUALIFIED PROFESSIONAL:**

Care-message builder — optional

During [write here], I noticed [write here]. Someone else noticed [write here]. The changes appeared together with [write here]. The effect on functioning or safety was [write here]. I am unsure about [write here]. I would like help understanding what this pattern may mean and what to do if it returns.

MY MESSAGE:

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 candidate observation is written in your own words, together with your one question** — neither of those depends on anybody else. A page waiting for an appointment that has not happened yet is a valid state, not an unfinished page.

☐

Ready to use

☐

Waiting for information

☐

Keeping this private

Worked fictional example

Leah is a fictional composite reviewing a period she has already discussed with her clinician.

- **Optional reference period already discussed professionally:** a period already discussed professionally.
- **I notice:** “Four hours of sleep felt like plenty.” Domain: sleep + energy. “Ideas came quickly.” Domain: speed + attention.
- **Others notice:** “A friend saw long messages sent through the night.” Domain: communication. “I became sharply irritable when asked to wait.” Domain: **sleep + energy** — irritability sits in the sleep-and-energy domain in the reference above, not in communication.
- **Unsure:** “My confidence shifted.” Leah cannot judge that one clearly from the inside, so it stays under unsure rather than being promoted.
- **Impact position:** noticeable change in functioning or relationships — commitments made without checking the schedule, work later cancelled, several relationships to repair.
- **One question for a qualified professional:** “When I describe this period, which parts would you want more detail about, and what should I report if it starts again?”

Notice what Leah leaves out: “My friend knew the truth.” An outside account is recorded beside her own, each one marked with who noticed it, and neither one is crowned as the truth.

Leah is fictional. The example demonstrates the fields; it is not a diagnosis or a recommended answer.

A second one, because most weeks are not episodes

Priya is a fictional composite, working through a good stretch she was not sure about. This is the case the Program has been quiet about, and it is the more common one.

- **Optional reference period already discussed professionally:** three weeks in May when she felt better than she had in a year.
- **I notice:** *"I was getting things done and enjoying it."* Domain: speed/attention. *"I felt like myself again, and I stopped putting off the things I had been putting off."* Domain: plans/confidence.
- **Others notice:** nothing. *"I asked my sister and my partner separately. Neither had noticed anything they would have mentioned."*
- **Sleep:** *"Seven hours, same as always. I was not sleeping less — I just minded the mornings less."*
- **Impact position:** no clear impact recorded. Nothing was cancelled, nothing was overcommitted, nothing needed repairing afterwards.
- **One question for a qualified professional:** *"I had three good weeks in May. Nothing else moved — same sleep, nobody noticed anything, nothing to clean up afterwards. Is there any reason to treat that as anything other than three good weeks?"*

Priya writes nothing on her ladder from that period. **A good stretch that stays a good stretch is not a missed sign, and being well is not a symptom that has escaped detection.** The inventory did its job by coming back empty — that is a result, not a blank page.

Two things separated Priya's May from Leah's period, and neither of them is how good it felt from the inside: **whether anybody else saw it**, and **whether anything needed repairing afterwards**.

Before you close this page

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

THE MANIA-HYPOMANIA BOUNDARY

☐

clear

☐

partly clear

☐

unclear

☐

not known yet

MY INVENTORY

☐

useful

☐

needs discussion

☐

not using now

☐

prefer not to answer

ONE THING I WOULD DESCRIBE DIFFERENTLY NEXT TIME:

Where this page goes

Transfer concise meaning — not the full private inventory.

CANDIDATE SIGN 1:**CANDIDATE SIGN 2:****CANDIDATE SIGN 3:****ONE IMPACT PHRASE:**

The warning-sign ladder lesson will build the full subtle / clear / urgent activation ladder. Do not build it here.

Privacy and safety

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

- This workbook is private and not monitored.
- The Program will never tell you to start, stop, taper, restart, select, or change a medication.
- An outside observation is information, never a license to control. Consent applies at every step.
- Rising activation does not protect you from severe distress or suicide risk.

My three help routes

Write these down before you need them. They are part of the artifact, not an appendix.

Earlier-contact route — who I contact when something is changing but is not an emergency

Urgent-assessment route — who I contact for an urgent assessment

EMERGENCY ROUTE — WHAT I DO IN IMMEDIATE DANGER

Seek urgent assessment

Rapid escalation, psychosis, severe agitation, dangerous or highly uncharacteristic behavior, seriously impaired judgment, inability to care for basic needs, or serious loss of functioning.

IMMEDIATE DANGER

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.

Certainty (*known / possible / uncertain, lesson 12*) — how sure you are about an observation, recorded separately from the observation itself. Being unsure is information worth writing down, not a reason to leave the line blank.

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.

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.

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.

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.

Mania and hypomania (*lessons 7, 8*) — mania is the central distinction for bipolar I. Hypomania is the less severe form, and it is what appears in bipolar II. “Less severe” describes the episode, not the illness and not the person.

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.

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?

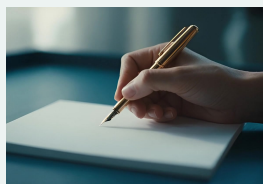
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹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

- | | |
|---|---|
| <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 – 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.