

10

Bipolar Disorder or Something Else? Thyroid, Trauma, ADHD

Turn one area of diagnostic or clinical uncertainty into a clear professional question. Record what you observed, which kinds of information may help, what remains unknown and what you want to ask.

LESSON 10 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/l10

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	
09	Manic and Depressed at the Same Time? Mixed Features	
10	Bipolar Disorder or Something Else? Thyroid, Trauma, ADHD	YOU ARE HERE
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

Turn one area of diagnostic or clinical uncertainty into a clear professional question. Record what you observed, which kinds of information may help, what remains unknown and what you want to ask.

You leave with one observed pattern written neutrally, the information lanes that matter to it, the gap you would name, and one question for a qualified professional.

What this chapter is about

This chapter goes with video lesson 10. It is the working half. The video does the teaching; this map is where you do the work.

This chapter answers a question most people ask silently: why are they asking me about that? Sleep. Attention as a child. Alcohol. Your family. A head injury. It can feel like the diagnosis is being doubted, or like the assessment has wandered off. Usually it is neither.

Two different questions, and they are not in competition. *Another explanation?* asks whether something else could account for part of the pattern better. *Also present?* asks whether something else could be there **as well** — because coexisting conditions are common, and finding one does not remove the other. Hearing those as one question is what turns an assessment into a threat.

Every lane gives information; none of them gives a diagnosis. Course over time. Development and childhood. How things look in different settings. Relationships. Physical health, sleep and medicines. Substances. Each one narrows a question. None of them settles it, and the map deliberately does not let a single lane win.

Timing supports a question; it does not establish cause. *It started after I began X* is worth recording and is not evidence of anything on its own. The page keeps the sequence and leaves the cause open.

Trauma and private developmental context are optional here. You can mark that a lane is relevant without writing a word about what happened. No detail is required, and nothing on this page is owed to anybody.

Key ideas

1. **Another explanation?** asks whether something else could account for part of a pattern better.
2. **Also present?** asks whether another condition or factor could coexist with bipolar disorder — and both questions can stay open at once.

3. **Every lane gives information; none gives a diagnosis** — course, development, settings, relationship to mood, health, sleep, treatment, substances and context.
4. **Timing can support a professional question**, but it doesn't establish cause.
5. **Trauma and private developmental context are optional here**. No details are required.

Watch the video first

Two things happen only in the video.

- **Nadia's open map**, built while the questions are still unanswered, which is the state this page is designed for.
- **Why a question about attention, or a drink, or your childhood is not a doubt about your diagnosis**. That reframe is the point of the lesson and it works better spoken.

Watch it before you map anything. The video lesson is *Bipolar Disorder or Something Else? Thyroid, Trauma, ADHD* — lesson 10 of the Bipolar Stability Program.

10

Before you begin

Scope and safety

This map cannot confirm, reject, or replace a diagnosis.

An alternative explanation and a coexisting condition are different questions; both can remain open.

Developmental or persistent versus episodic course is information, not a diagnostic rule.

The Program will never tell you to start, stop, taper, restart, select, or change a medication.

Current psychosis, severe activation, inability to meet basic needs, serious loss of judgment or functioning, thoughts of harm, or immediate danger interrupts this exercise and requires an appropriate urgent 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.

Privacy and sensitive information

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

Do not record trauma narratives, self-harm method details or identifying information about another person. **Private context — not recorded here** is a complete response.

10

Choose one route:

- **Core:** one map row, relevant information lanes, one gap and one professional question.
- **Low energy:** one observed pattern, one question lane and one professional question.
- **Pause:** use an appropriate professional, urgent or emergency route instead of completing the page.

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 10. 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.

Safe reference

Two open questions

- **Another explanation:** Could something else account for part of this pattern better?
- **May coexist:** Could another condition or factor be present alongside bipolar disorder?
- **Both questions open:** Either or both may still need assessment.
- **Unsure:** You do not yet know how the question has been framed.
- **Not discussed in my care:** The topic has never been raised with an appropriate professional.
That is a fact about your care so far, not a gap in your preparation.

These positions record a question, not a conclusion.

Six information lanes

1. **Course** — what changed, when, how it unfolded and what was present between clearer periods.
2. **Development + settings** — earlier-life pattern and presence across home, school, work, relationships or other settings.
3. **Mood relationship** — only during, mainly around or also outside clearer mood episodes.
4. **Physical health + sleep** — relevant bodily, hormonal, neurological, sleep or other health changes.
5. **Treatment + substances** — medicine, supplement, alcohol, cannabis, stimulant or other substance timing; sequence is not causation.
6. **Context + sources** — stress, optional private/developmental context, records and consent-based observations from somebody else.

Question areas

Do not use the list to select a diagnosis.

Core route

Choose one question area

Start with a topic already raised in your care or an observed pattern you want to ask about.

Selecting an area does not mean that condition is present.

QUESTION AREA

- | | |
|---|---|
| ☐ repeated depression and activated history | ☐ attention / ADHD question |
| ☐ trauma or private context | ☐ long-standing emotion, relationship or identity patterns |
| ☐ psychosis or unusual perceptions and their mood relationship | ☐ physical health or sleep |
| ☐ medicine, supplement or treatment timing | ☐ alcohol, cannabis, stimulants or another substance |
| ☐ another question already raised in my care | ☐ prefer not to categorize |

10

Record the observed pattern

Use neutral, experience-near wording. Describe what happened without assigning cause.

Examples:

- “Attention problems continue between clearer mood episodes; childhood pattern uncertain.”
- “Unusual perceptions appeared during one severe mood episode; outside-episode history not discussed.”
- “Sleep and activation changed after a treatment change; relationship uncertain.”
- “A private history topic may be relevant; details not recorded here.”

OBSERVED PATTERN

Mark the question status**QUESTION STATUS**

- | | |
|---|--|
| ☐ another explanation | ☐ may coexist |
| ☐ both questions open | ☐ unsure |
| ☐ not discussed in my care | ☐ I prefer to bring this to a professional conversation |
| ☐ prefer not to answer | |

Select relevant information lanes**INFORMATION LANES**

- | | | | |
|---|---|--|--|
| ☐ course | ☐ development + settings | ☐ mood relationship | ☐ physical health + sleep |
| ☐ treatment + substances | ☐ context + sources | ☐ not known yet | ☐ prefer not to answer |

10**Record information and confidence**

Write one or two concise pieces of information. Then mark the overall confidence:

INFORMATION

CONFIDENCE

- | | |
|--|---|
| ☐ known | ☐ possible |
| ☐ uncertain | ☐ not discussed in my care |
| ☐ I prefer to bring this to a professional conversation | ☐ prefer not to answer |

Do not investigate private records or another person's history for this worksheet. Use only information already available and observations shared with appropriate consent.

Name the information gap

What would you like a professional to help clarify? **Uncertain** is valid.

INFORMATION GAP

Prepare one professional question

Use or adapt:

Could this pattern be relevant as another explanation, something coexisting, or both? What information would help us assess it?

ONE PROFESSIONAL QUESTION

Optional additional rows

Use up to three additional rows only when they improve a real care conversation. More rows are not a better score.

Additional row 1 — optional

QUESTION AREA

- ☐ repeated depression and activated history
- ☐ trauma or private context
- ☐ psychosis or unusual perceptions and their mood relationship
- ☐ medicine, supplement or treatment timing
- ☐ another question already raised in my care
- ☐ attention / ADHD question
- ☐ long-standing emotion, relationship or identity patterns
- ☐ physical health or sleep
- ☐ alcohol, cannabis, stimulants or another substance
- ☐ prefer not to categorize

OBSERVED PATTERN, IN NEUTRAL WORDING

QUESTION STATUS

- | | |
|---|--|
| ☐ another explanation | ☐ may coexist |
| ☐ both questions open | ☐ unsure |
| ☐ not discussed in my care | ☐ I prefer to bring this to a professional conversation |
| ☐ prefer not to answer | |

INFORMATION LANES

- | | | | |
|---|---|--|--|
| ☐ course | ☐ development + settings | ☐ mood relationship | ☐ physical health + sleep |
| ☐ treatment + substances | ☐ context + sources | ☐ not known yet | ☐ prefer not to answer |

10

INFORMATION, IN ONE OR TWO CONCISE PIECES

CONFIDENCE

- | | |
|--|---|
| ☐ known | ☐ possible |
| ☐ uncertain | ☐ not discussed in my care |
| ☐ I prefer to bring this to a professional conversation | ☐ prefer not to answer |

THE INFORMATION GAP I WOULD NAME

ONE QUESTION FOR A QUALIFIED PROFESSIONAL

Additional row 2 — optional**QUESTION AREA**

- | | |
|---|---|
| ☐ repeated depression and activated history | ☐ attention / ADHD question |
| ☐ trauma or private context | ☐ long-standing emotion, relationship or identity patterns |
| ☐ psychosis or unusual perceptions and their mood relationship | ☐ physical health or sleep |
| ☐ medicine, supplement or treatment timing | ☐ alcohol, cannabis, stimulants or another substance |
| ☐ another question already raised in my care | ☐ prefer not to categorize |

OBSERVED PATTERN, IN NEUTRAL WORDING

10

QUESTION STATUS

- | | |
|---|--|
| ☐ another explanation | ☐ may coexist |
| ☐ both questions open | ☐ unsure |
| ☐ not discussed in my care | ☐ I prefer to bring this to a professional conversation |
| ☐ prefer not to answer | |

INFORMATION LANES

- | | | | |
|---|---|--|--|
| ☐ course | ☐ development + settings | ☐ mood relationship | ☐ physical health + sleep |
| ☐ treatment + substances | ☐ context + sources | ☐ not known yet | ☐ prefer not to answer |

INFORMATION, IN ONE OR TWO CONCISE PIECES

CONFIDENCE☐ known☐ possible☐ uncertain☐ not discussed in my care☐ I prefer to bring this to a professional conversation☐ prefer not to answer**THE INFORMATION GAP I WOULD NAME**

ONE QUESTION FOR A QUALIFIED PROFESSIONAL

10

Additional row 3 — optional**QUESTION AREA**☐ repeated depression and activated history☐ attention / ADHD question☐ trauma or private context☐ long-standing emotion, relationship or identity patterns☐ psychosis or unusual perceptions and their mood relationship☐ physical health or sleep☐ medicine, supplement or treatment timing☐ alcohol, cannabis, stimulants or another substance☐ another question already raised in my care☐ prefer not to categorize**OBSERVED PATTERN, IN NEUTRAL WORDING**

QUESTION STATUS

- ☐ another explanation
- ☐ both questions open
- ☐ not discussed in my care
- ☐ prefer not to answer
- ☐ may coexist
- ☐ unsure
- ☐ I prefer to bring this to a professional conversation

INFORMATION LANES

- ☐ course
- ☐ development + settings
- ☐ mood relationship
- ☐ physical health + sleep
- ☐ treatment + substances
- ☐ context + sources
- ☐ not known yet
- ☐ prefer not to answer

INFORMATION, IN ONE OR TWO CONCISE PIECES**10****CONFIDENCE**

- ☐ known
- ☐ uncertain
- ☐ I prefer to bring this to a professional conversation
- ☐ possible
- ☐ not discussed in my care
- ☐ prefer not to answer

THE INFORMATION GAP I WOULD NAME**ONE QUESTION FOR A QUALIFIED PROFESSIONAL**

Condition-specific guardrails

Attention / ADHD

Developmental and cross-setting persistence may help professional assessment; episodic departure from baseline may help too. This contrast is not a diagnostic rule, and both conditions can coexist.

Do not write **persistent = ADHD** or **episodic = bipolar**.

Trauma and private context

Trauma or private developmental context is optional. No narrative, event description or identifying detail is required. Use:

Private context may be relevant — not recorded here.

10

Long-standing personality patterns

Conflict, strong emotion, impulsivity, self-harm or relationship distress alone does not assign a personality diagnosis. Record the course question, not a label.

Psychosis or unusual perceptions

Timing in relation to mood can inform assessment but does not decide a diagnosis. Current psychosis or serious loss of judgment requires prompt assessment rather than workbook analysis.

Physical health, medicines and substances

Record sequence accurately. Timing does not establish cause. A qualified professional decides whether a physical review, medication review, test or other assessment is appropriate.

The substance-and-mood module provides the separate nonjudgmental Substance-and-Mood Honest Note (lesson 11).

Low-energy route

Complete these two items and stop:

1. One observed pattern

.....

2. One question lane

.....

A professional question is optional; if one would help, write it here

The low-energy route is complete: one observed pattern and one question lane.

Worked fictional example

Nadia is a fictional composite: thirty-four, four years since diagnosis, recently passed over for a role she had prepared six months for, because she keeps losing the thread of long pieces of work.

- **Question area:** attention / ADHD question.
- **Observed pattern:** “I lose track of tasks between mood episodes as well as during depression. During activated periods, my thinking becomes much faster and I start several projects.”
- **Question status:** both questions open.
- **Information lanes:** development + settings; mood relationship; context + sources.
- **Information** — confidence **known**: teachers described unfinished work when she was fifteen; a partner notices task-switching between episodes, with Nadia's permission to include that observation.
- **Information** — confidence **uncertain**: earlier childhood pattern and the level of impairment outside episodes.
- **Information gap:** “What was present before adolescence, and how much of this happens outside mood episodes?”
- **One professional question:** “Could we assess whether my persistent attention difficulties need their own explanation or coexist with bipolar disorder, and what information would help?”

The map does not give Nadia another diagnosis. It prepares a bounded question.

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 observed pattern is written in your own words, together with your one question** — neither depends on anybody else. A map waiting for information only a clinician holds is a valid state.

☐

Ready to use

☐

Waiting for information

☐

Keeping this private

Before you close this page

Optional and private:

The difference between an alternative and a coexisting condition is

☐ clear

☐ partly clear

☐ unclear

☐ prefer not to answer

ONE UNCERTAINTY I CAN LEAVE OPEN

ONE PHRASE THAT HELPS ME ASK WITHOUT DECIDING

ROUTE USED TODAY

☐ core

☐ low energy

☐ pause

☐ prefer not

10

Where this page goes

Transfer concise meaning, not sensitive background:

1. Question area.
2. Main information gap.
3. Professional question.

TRANSFER – QUESTION AREA

TRANSFER – MAIN INFORMATION GAP

TRANSFER – PROFESSIONAL QUESTION

Preservation rule

- This lesson adds a retained context-and-questions page; it supersedes nothing.
- Keep the Diagnostic Language Map (lesson 7) from the record-language module.
- Keep the Elevated-State Inventory (lesson 8) from the elevated-state module.
- Keep the Low & Mixed-State Inventory (lesson 9) from the low-and-mixed module.

- The substance-and-mood module may add substance timing and the stop-decision module may add a treatment question; neither automatically resolves or replaces this map.
- Update the map after an appropriate professional discussion when new information changes the question.

Privacy and safety

- Your workbook answers are not submitted, uploaded, collected, or monitored by Bipolar Clarity.
- Your answers remain in your own copy.
- Blank, **uncertain**, **I prefer to bring this to a professional conversation**, **private context — not recorded** and **prefer not to answer** are valid.
- Do not record trauma narratives, self-harm method details or identifying information about another person.
- Another person's observation is included only when relevant and shared with appropriate consent.
- Do not use the map to diagnose, reject a diagnosis, order tests, attribute causation or change treatment.
- Workbook completion never takes priority over prompt, urgent or emergency help.

10

Help where you live

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

Words used in this chapter

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

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

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

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

How this page stands — the line at the end of a chapter where you say where the page has got to. There are three: **Ready to use** (there is something written that does not depend on anybody else), **Waiting for information** (the next useful step needs a record, a date or a phone number you do not

have yet, so the page is pending rather than suspended) and **Keeping this private** (you decided not to write it down, and that is a finished decision, not a gap).

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.

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.

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?

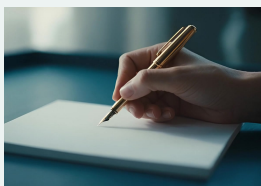
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹ 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 |
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HOW IT WORKS One short video and one worksheet per lesson · a two-minute route for the weeks when that's all you have · built *with* the person you support, not around them · free, no account · not therapy and not a crisis service.



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

I'm passing this on because...



bipolarclarity.com/family

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

If you're in immediate danger

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

Crisis lines by country

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

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

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

If you're not safe at home

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

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

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

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

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

Anywhere in the world

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

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

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

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