

13

Bipolar Psychiatry Appointment: Make the Short Visit Count

Prepare one appointment with three ranked priorities, the smallest useful information set, one professional question and a brief record of what was decided or remains open.

LESSON 13 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/l13

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	
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	YOU ARE HERE
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

Prepare one appointment with three ranked priorities, the smallest useful information set, one professional question and a brief record of what was decided or remains open.

You leave with three ranked priorities, the smallest useful set of things to bring, one question you will definitely ask, and a place to write down what you were told.

This is an agenda, not a treatment recommendation, diagnostic tool or substitute for assessment.

What this chapter is about

This chapter goes with video lesson 13. It is the working half. The video does the teaching; this card is where you do the work — and then it comes with you through the door.

Fifteen minutes and a whole life do not fit. That is the entire problem this chapter solves. Most appointments end with the important thing unsaid, not because anybody handled it badly, but because a person who is unwell, nervous and under time pressure cannot rank their own concerns in real time.

So rank them beforehand: three, in order. Three is not a limit imposed for tidiness. It is roughly what survives an appointment, and choosing which three is work you can only do calmly — which means now, not in the waiting room.

Bring observations and an accurate list; leave the interpretation to the conversation. Dates, changes, what you actually take. Not a theory. The theory is what the two of you build together, and arriving with one already assembled tends to narrow the conversation rather than open it.

A shared decision has two halves. One is professional evidence and judgement. The other is your goals, your values, your circumstances and what you are willing to live with. Both halves are required, and the second one does not turn up unless you bring it.

A visit can end three ways, and all three are legitimate: a decision, a request for more information, or a plan to review. An appointment that ends without a decision has not failed.

Write down what was decided, in your own words, before you leave the building. What was agreed, what stayed uncertain, and who to contact if something changes. Memory after a difficult appointment is unreliable in a specific way: it keeps the emotional tone and loses the instructions.

And access needs are part of preparing, not an extra. Someone with you, a written summary, more time, a quieter room — asking is preparation, not a favor.

Key ideas

1. **Three ranked priorities are more usable than an unranked life history.**
2. **Bring observations and an accurate list.** Leave the interpretation to the conversation.
3. **A shared decision has two halves:** professional evidence and judgment, and your goals, values, circumstances and preferences.
4. **A visit may end in a decision, a request for more information, or a review plan.** All three are outcomes.
5. **Write down what was decided, in your own words,** along with what stayed uncertain and who to contact next.
6. **Access needs and consented support are part of preparing,** not an extra.
7. **The two-line route is complete** when energy is limited.

Watch the video first

Three things stay in the video.

- **The moment outside the door,** which is where this card is actually used and where most preparation falls apart.
- **Marco's card,** and what changes when the three priorities get ranked rather than listed.
- **The four questions to ask around any choice,** taken slowly enough to remember one of them.

Watch it before your next appointment, not after. The video lesson is *Bipolar Psychiatry Appointment: Make the Short Visit Count* — lesson 13 of the Bipolar Stability Program.

Before you begin

Scope

This agenda organizes a professional conversation. It does not choose treatment or replace assessment.

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

Use the page to record what you observe and what you want to ask. Do not use it to carry out a medication or treatment change by yourself.

Safety interruption

Current immediate danger, thoughts of harm, severe activation, psychosis, serious loss of judgment or inability to meet basic needs interrupts routine appointment preparation. Stop the workbook and use any route you have already agreed, the care contact you have already named, or your local emergency services.

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.

You do not need a completed agenda before asking for help.

Privacy, consent and storage

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

Do not store prescription images, account numbers, passwords, access codes, self-harm method details, unnecessary third-party identifiers or anything unsafe to keep.

Use **Private – not recorded here** when a topic is better discussed verbally.

A support person participates only with your consent and an agreed role. Support is not surveillance.

Valid responses

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**

These are valid responses. They are not errors or missing effort.

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 13. A source shows what published guidance says. It does not show what applies to you, and it never overrules the clinician who knows your case.

Core route

Complete the card before the appointment. Fill the **LEAVE WITH** line during the final part of the visit or immediately afterwards.

Zone 1 — THREE PRIORITIES

APPOINTMENT PURPOSE

What do you think this appointment is for?

Examples: **review recent changes, discuss an unwanted effect, understand the next assessment, Not known yet.**

PRIORITY 1 — MUST COVER

Write one observable concern, question or impact that must be part of this appointment.

Useful form: **What changed + when + what it affected + what I want to ask.**

PRIORITY 2 — COVER IF TIME

Write one second item, or choose **Nothing to record here.**

PRIORITY 3 — CAN WAIT

Give one item a safe place to wait, or choose **Nothing to record here.**

If several items affect immediate safety or basic functioning, tell the service at the start rather than forcing them into this ranking.

Zone 2 — WHAT I BRING

ONE USEFUL OBSERVATION

Bring the smallest observation that helps this conversation. It may come from a prior lesson page.

Examples:

- **For twelve days, I have been waking three hours earlier and beginning more tasks.**
- **Lower mood is now interfering with meals and work.**
- **Trembling began four days after the treatment change; relationship not known yet.**

CURRENT MEDICATION-LIST STATUS

An accurate list may include prescribed and nonprescribed medicines, supplements and vitamins. The clinician or pharmacist performs medication reconciliation and interpretation.

- | | |
|---|---|
| ☐ accurate list ready | ☐ list needs updating |
| ☐ I need help obtaining the list | ☐ Nothing to record here |
| ☐ Prefer not to answer | |

RECORDS AND ACCESS NEEDS

Write what you actually need: a recent summary already requested, one prior record, another clinician's contact, an interpreter request, accessible information, help taking notes, or **Nothing to record here**. An access need is not an extra item competing with the others — if you need an interpreter and a record, you need both.

ONE RECORD OR ACCESS NEED**IF SOMEONE COMES WITH YOU**

Decide the role before you get there, and tell them: listening, taking notes, helping you remember one observation, or waiting outside unless you invite them in. A role decided in the waiting room is a role nobody agreed to.

If privacy matters, split it: what you will discuss with them in the room, and what needs the door closed. You are allowed to ask for five minutes alone, and you do not owe a reason.

Going alone is the common answer, and it is a complete one.

WHAT I MIGHT REQUEST:**WHAT I WILL NOT ASK THEM TO DO:**

Zone 3 — WHAT I ASK

MANDATORY PROFESSIONAL QUESTION

Copy or adapt this question:

What decision are we making today, what information do you still need, and what should I watch or do before the next review?

If no decision belongs in the visit, change the first part to: **What are we trying to understand today?**

SHARED-DECISION PROMPT

☐ What are the reasonable options, including waiting or gathering more information when appropriate?

☐ How do my goals, values, responsibilities and previous experience affect the choice?

☐ I prefer to bring this to a professional conversation

☐ What are the possible benefits and downsides for me?

☐ What remains uncertain, and when will we review it?

☐ Nothing to record here

Shared decision making does not mean deciding alone, and it does not make every option appropriate or available.

Zone 4 — WHAT I LEAVE WITH

After the appointment, write a compact exit record with four parts:

1. **DECIDED:** what was agreed or confirmed.
2. **STILL OPEN:** what remains uncertain or needs more information.
3. **NEXT:** what happens, who acts and when it will be reviewed; use **timing not confirmed** when needed.
4. **CONTACT:** the route the service gave you for questions, worsening symptoms or urgent concerns.

Use your own words, then check them with the professional when possible. Do not invent a deadline, monitoring rule or urgent route.

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 field that does not depend on an external source is written. **Priority 1 – MUST COVER**, the mandatory professional question, or the **two lines of the low-energy route** each meet that floor on their own. The exit record may remain unfinished until the appointment.

Choose **Waiting for information** when the next usable step depends on the service, a record or a professional response. Choose **Keeping this private** when you intentionally do not retain the content here.

☐ Ready to use

☐ Waiting for information

☐ Keeping this private

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Low-energy route

Copy exactly two lines. That is the whole route.

1. My most important point today is: [write here]
2. The question I need answered before I leave is: [write here]

MY MOST IMPORTANT POINT TODAY IS

THE QUESTION I NEED ANSWERED BEFORE I LEAVE IS

Those two lines are a complete route. They are not a failed version of the full card. You may stop here.

Worked fictional example

Marco is a fictional composite preparing for a follow-up after several weeks of low energy, fragmented sleep and trembling that began after a recent treatment change.

- **Appointment purpose:** review recent symptoms and what happens next.
- **Priority 1 – MUST COVER:** Lower mood and energy are now affecting meals and work.
- **Priority 2 – COVER IF TIME:** Trembling began after the recent change; relationship not known yet.
- **Priority 3 – CAN WAIT:** Ask where to find a local peer group.
- **One useful observation:** a seven-day sleep-and-energy summary.
- **Current medication-list status:** accurate list ready, including supplements.
- **One record or access need:** written instructions because multi-step information is hard to retain when low.
- **Mandatory professional question:** What decision are we making today, what information do you still need, and what should I watch or do before the next review?
- **Shared-decision prompt:** How do my goals, values, responsibilities and previous experience affect the choice?
- **What I might request:** enough morning functioning to help his children get ready for school.
- **What I leave with:** **DECIDED:** continue gathering information today; **STILL OPEN:** cause of trembling; **NEXT:** service will review the requested information, timing confirmed in writing; **CONTACT:** use the clinic's named urgent route if symptoms worsen.
- **How this page stands:** Ready to use.

Marco has not chosen a treatment or assigned a cause. He has made his observations, priorities and uncertainty usable in a professional conversation.

Before you close this page

Optional and private.

WHAT BECAME CLEARER ABOUT THE APPOINTMENT'S PURPOSE?

Which zone helped most: THREE, BRING, ASK, LEAVE WITH, or Not known yet?

☐ THREE

☐ BRING

☐ ASK

☐ LEAVE WITH

☐ Not known yet

WHAT WOULD MAKE THIS CARD EASIER TO USE NEXT TIME?

Where this page goes

Place the retained card in **Section 5 — My treatment**.

Transfer only:

- the highest-priority agenda line;
- the professional question;
- the concise exit record you want available later.

Detailed observations, private context and source pages can remain in their original lesson pages. The later treatment pages may add future agenda items but do not replace this card.

Privacy and safety

- Your workbook answers are not submitted, uploaded, collected, or monitored by Bipolar Clarity.
- The Program will never tell you to start, stop, taper, restart, select, or change a medication.
- A support person needs your consent and an agreed role; support is not surveillance.
- Keep prescription images, account details, access codes, unnecessary names and unsafe detail off the page.
- **Not known yet, Prefer not to answer, Nothing to record here, Private — not recorded here and I prefer to bring this to a professional conversation** are valid.
- Workbook completion never takes priority over professional, urgent or emergency help.
- The written emergency route appears in **Before you begin**; use that route whenever immediate danger may apply.

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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).

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.

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.

Shared decision (lesson 13) — a decision that has two halves: professional evidence and judgment, and your own goals, values, circumstances and preferences. Both halves have to be in the room.

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?

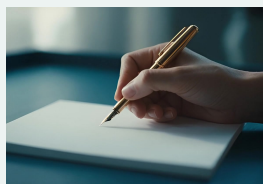
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹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

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