

23

Life After a Bipolar Episode: Work, Money, and Relationships

Choose one area of life and build one workable step in it – without scoring your recovery, and without this page making a disclosure, treatment, legal, financial or relationship decision for you.

LESSON 23 OF TWENTY-FOUR



Watch this lesson
bipolarclarity.com/program/l23

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	
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	YOU ARE HERE
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

Choose one area of life and build one workable step in it — without scoring your recovery, and without this page making a disclosure, treatment, legal, financial or relationship decision for you.

You leave with one step sized to the capacity, access and permission you actually have right now.

What this chapter is about

This chapter goes with video lesson 23. It is the working half. The video does the teaching; this page is where you do the work.

Functioning is not a character score. After an episode there is often a gap between the life you had and the life you can currently run, and the standard advice — *take it slowly* — is useless because it does not say slowly at what. This chapter picks one thing and sizes it honestly.

Scan three areas, then choose one. Work or study. Money. Relationships. Looking at all three is how you find the one worth reopening; working on all three at once is how the step never gets taken.

Define the function before the solution. *What has to work* is a different question from *how it used to be done*, and answering the first one opens options that the second one closes. A room can be reopened through a different door.

Match the step to what you actually have now: capacity, access, authority, consent and safety. Not to what you had, and not to what you think should be possible by now. A step that assumes last year's capacity is not ambition — it is a step that fails and then gets read as evidence about you.

Disclosure is a separate decision, and it belongs to you. Whether you tell an employer, a colleague, a landlord or a family member is not part of taking the step, and the rules that protect you differ enormously by country. Check where you live before you decide, and never let a worksheet rush that.

And review the experiment, not yourself. Whether the step fitted, what it cost, and what you would size differently.

Key ideas

1. **Scan three areas of life, then choose one.** Working on everything at once is how the step stops happening.
2. **Define the function before the solution.** What has to work is a different question from how you will make it work.

3. **Match the step to what you have now:** capacity, access, authority, consent and safety.
4. **Keep disclosure a separate decision,** and check the rules where you live before you make it.
5. **Review the experiment, not your worth as a person.**

Watch the video first

The video holds three things a worksheet flattens.

- **Three areas of life scanned without ranking any of them,** which is harder than it sounds and easier to watch than to read.
- **Why the money and work lanes need their own care,** including where this Program stops and a qualified adviser starts.
- **One step sized out loud,** including the moment it is too big and gets made smaller.

Watch it before you choose. The video lesson is *Life After a Bipolar Episode: Work, Money, and Relationships* — lesson 23 of the Bipolar Stability Program.

Before you begin

This page helps you scan work, money and relationships, choose one domain, and design one bounded step. It does not score recovery or predict what will happen.

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.

Immediate danger, suicidal intent, plan or imminent self-harm risk, intent to harm someone else, loss of contact with reality, severe confusion, inability to meet basic needs, or rapidly escalating dangerous behavior uses urgent clinical or emergency help now.

If a warning rung applies, use its agreed route instead of waiting for this page.

If abuse, threats, coercion, exploitation or fear about contact is present: the crisis annex at the back of this workbook has a separate section, “If you’re not safe at home”, with lines country by country. The same list is at bipolarclarity.com/gethelp. For unsafe housing or food insecurity, the review route in section 10 is where you name a local service by name.

Do not record account numbers, passwords, self-harm method/access details, another person's diagnosis, or information you do not want here.

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 23. 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

Scan all three domains

Choose one status for each: STEADY, STRAINED, DISRUPTED, UNCERTAIN, or PRIVATE. Add one observable note if useful. Work includes paid work, study, caring, household work, volunteering or meaningful activity. Money means practical access and protection, not income as a score. Relationships means one connection, boundary or coordination function — not a verdict on a whole relationship.

Choose one domain

Choose **WORK / STUDY / CARING**, **MONEY**, **RELATIONSHIPS**, **NOTHING OPEN RIGHT NOW**, or **AWAITING A SAFE ROUTE**.

If your scan came back steady in all three, **NOTHING OPEN RIGHT NOW** is the honest answer and it finishes this page. Not everyone reading this has something to rebuild today, and being asked to pick one anyway would only invent a problem. Write one line about what you would want to protect if that changed, and stop. Select one because a meaningful function, an available step and a review/help route can be named — not because it produces the most shame.

☐

WORK / STUDY /
CARING

☐

MONEY

☐

RELATIONSHIPS

☐

NOTHING OPEN
RIGHT NOW

☐

AWAITING A SAFE
ROUTE

Define one function

Complete: The function I want to make more available is... Keep it observable and current.

Describe current capacity and context

What can you currently do or access? What becomes harder? What important context belongs beside that observation? A functioning change is information, not proof of effort, character or diagnosis.

Name the main barrier and support

Separate the barrier from capacity. Note dependencies — permission, money, transport, privacy, childcare, language, technology, consent, equipment, recovery time or qualified advice — and whether each is actually available.

Disclosure decision gate

Complete only if work, study, caring, benefits or another formal system raises a disclosure question. Choose: NO DISCLOSURE DECISION NEEDED, NO DECISION TODAY, NEEDS QUALIFIED LOCAL INFORMATION, DECIDED OUTSIDE THIS WORKBOOK, or PRIVATE. If information may be shared, first identify jurisdiction, purpose, recipient, minimum necessary detail, possible consequences/uncertainties and a qualified local source. The Program never tells you to disclose or conceal a diagnosis.

- | | |
|--|--|
| ☐ NO DISCLOSURE DECISION NEEDED | ☐ NO DECISION TODAY |
| ☐ NEEDS QUALIFIED LOCAL INFORMATION | ☐ DECIDED OUTSIDE THIS WORKBOOK |
| ☐ PRIVATE | |

Build one step

Write a NORMAL STEP, MINIMUM STEP, and BACKUP OR HELP ROUTE. Use the Rhythm & Problem-Solving Sheet (lesson 22)'s small-step method. Keep the three as equals – none of them is the failed one – observable and separate from treatment, legal or financial instructions.

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Set one boundary

Name the maximum scope/time, information you will not share, excluded decisions, consent condition, or stopping condition. A supporter has only the bounded role they accepted.

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Name owner and available support

Who owns the step? Who has agreed to help, and with what exact task? What happens if that support is unavailable?

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Review or help route

Name the review point and one destination if capacity, symptoms, consent, access, risk or authority changes. Choose at review: continue for now, reduce, adapt one element, stop, seek external information, or use the route I named above. Name it here rather than leaving it as a category: a warning rung and its agreed route, a care contact, a named local service, or the crisis annex at the back.

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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 chosen function, a step, a boundary and a review or help route are recorded, together with the scan. It never means recovered, legally protected, financially secure, reconciled or clinically approved.

☐

Ready to use

☐

Waiting for information

☐

Keeping this private

Low-energy route

Copy exactly two lines:

1. My chosen domain and smallest useful step are: [write here].

2. My boundary and review or help route are: [write here].

Those two lines are a complete rebuild draft; they do not prove recovery, create a legal or financial decision, or replace professional support. You may stop here.

Worked fictional example

Dana is a fictional composite. The scan says work **STRAINED**, money **UNCERTAIN**, and one relationship **STEADY**. Dana chooses work because one function — receiving the week's essential task information — has a bounded step. Current capacity allows one short written request; the barrier is unclear routing. No diagnosis disclosure is needed for the procedural question, and Dana records **NO DISCLOSURE DECISION NEEDED**. The minimum step is to locate the existing task channel; the backup is to ask the named procedural contact. The boundary excludes health information. Review checks whether the information became accessible and what effort it cost. The result does not establish work capacity generally.

Before you close this page

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

Which function became clearer when you separated it from status or identity?

Which capacity, access, consent or authority limit changed the step?

WHAT WILL THE NEXT REVIEW OR HELP ROUTE NEED TO ANSWER?

Optional professional question

This page does not require a professional question. If one would help:

Could we review whether this one functioning step fits my current capacity, and which qualified route should answer the parts outside your role?

Where this page goes

Transfer one concise block — chosen domain, function, smallest step, boundary and review/help route — to the functioning section of your Plan. Link back to this artifact by version. The Rhythm & Problem-Solving Sheet remains the small-step method authority; its 7-Day Sleep & Rhythm Baseline (lesson 3) is the record it was built from and is never archived. The final review chapter may use this block during final assembly without replacing it.

Privacy and safety

- Current danger uses verified urgent or emergency help; worksheet completion waits.
- Warning signs use the current ladder and agreed route.
- Abuse, coercion, exploitation or fear uses the “If you’re not safe at home” section of the crisis annex at the back, or local emergency services, rather than a contact experiment.
- The Program will never tell you to disclose or conceal a bipolar diagnosis.
- The Program will never tell you to start, stop, taper, restart, select, or change a medication.
- Your workbook answers are not submitted, uploaded, collected, or monitored by Bipolar Clarity.
- Do not put passwords, account numbers, identifying workplace records or another person's private health information here.

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.

Protection (lesson 12) — something that supports stability by doing a specific job: steadying rhythm, reducing load, helping you notice, helping you act, keeping you connected, keeping care reachable. A protection helps. It never guarantees.

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.

Rung (lesson 19) — one step on your warning ladder, with an action and a contact attached to it. A rung depends on change from your own baseline, the pattern around it, impact, certainty and history. No fixed count or score puts everyone on the same rung.

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.

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.

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

If this chapter was worth the time

You have just finished one of twenty-four. The rest are written the same way, they are free in the same way, and they build one thing: a plan you can hand to somebody on a bad day.

The complete workbook has all twenty-four chapters in one book, plus the map of how they fit together and the full glossary. bipolarclarity.com/workbook

No email address, no account, no paid version. If you would rather take it one chapter at a time, that works too — each lesson has its own.

How this stays free

You did not pay for this workbook, and nobody asked you for an email address to get it. There is no paid version and no premium tier. That is deliberate. I paid for my own psychoeducation, and the whole reason Bipolar Clarity exists is that your postcode and your salary should not decide whether you ever get taught your own illness.

It does mean the project runs on one thing: whether people find it.

If this was useful, three things help. All three are free.

Subscribe to the channel. For a small channel, subscribers and watch time are what decide whether YouTube shows a lesson to the next person searching at two in the morning. That person will not find this workbook first. They will find a video, or they will find nothing.

Give it to one person you have actually thought about. Someone with the diagnosis, someone who loves somebody who has it, someone who was handed a leaflet and nothing else. This travels the way a good doctor's name travels, one person telling one other person, and that beats a post everybody scrolls past.

Tell a professional that it exists. A clinic, a peer group, an association, the psychiatrist you see in three weeks. They can give away something free, in fifteen languages, that nobody has to sign up for. Most of them have nothing like it to hand out.

One thing I am not asking for: your answers. The pages you filled in are yours. Recommending the workbook and telling people about your own health are two different decisions, and you only have to make the first one.

Everything is at bipolarclarity.com/support.

Thank you for getting this far. It is not a small thing to work through twenty-four chapters about your own illness.

— René, Bipolar Clarity



Your plan already exists. Who else knows how to use it?

You're using this workbook to understand what happens to you, to see an episode coming, and to have a plan before you need it. But you don't live inside that plan alone. The people who love you notice things: that you're sleeping less, talking faster, going quiet. Almost nobody has shown them what to do with it. So they watch, they argue, or they say nothing.



In November 2026 we're launching **the Bipolar Support Roadmap**: the program for your family, your partner and your friends.

What can change at home

TODAY, OFTEN	WITH THE ROADMAP
"Have you taken your meds?", three times a day.	They help with treatment without taking over , and agree with you how.
One sleepless night and everyone's on alert... or nobody notices until it's late.	They can tell a warning sign from a bad day, and know what to do first.
In a crisis, everyone improvises.	They've made a crisis plan before it's needed , one that can sit next to the routes you write in this workbook.
An argument that escalates.	They know when to pause a conversation, and how to come back to it.

Built to sit next to this program

Warning signs, a plan made before a crisis, asking before stepping in: the Roadmap covers the same ground as your workbook, from their side of the table.

For fourteen months I sat in a room that taught me my own illness. The people I live with never had a room like that. This is the one I'd have wanted for them.

— René

You decide

Passing on the next page is optional: to whom, when, and whether. It contains nothing you've written. And the Roadmap doesn't ask them to watch you. It teaches them to ask before stepping in, and to take "no" for an answer.

Do I have to tell them what I write here?
No. The Roadmap doesn't need it.

Does it cost anything?
No. It's free, like this program. No paid version, no account.

→ **Tear off the next page, or forward it. It's for them.**



BIPOLAR SUPPORT ROADMAP · FOR FAMILY, PARTNERS AND FRIENDS

For you, supporting someone with bipolar disorder

Someone who cares about you is following a program to look after their stability, and they thought of you. You notice things. Nobody taught you what to do with them. That's what the Bipolar Support Roadmap is for.

WHAT YOU'LL LEARN

- **Understanding what you see**, without watching every move.
- **Helping without taking over**: with treatment, with sleep, with alcohol or cannabis.
- **Noticing when an episode may be starting**, and what to do first.
- **Talking during conflict**, and when to pause the argument.
- **A crisis plan made before you need it**, with two routes.
- **Limits, children and rebuilding trust**.
- **Looking after yourself**, so you can keep going.

Does learning this actually help?

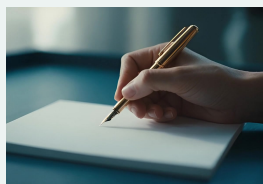
In a randomized trial in Barcelona, relatives of people with bipolar disorder attended twelve group sessions on their own; the patients didn't attend. Compared with families who received no extra sessions, fewer of those patients had a new episode during the study, mainly fewer manic and hypomanic episodes.¹ The Roadmap is not that trial. It is built on the same idea: what the people at home know matters.

¹ Reinares M, et al. *Bipolar Disorders* 2008;10(4): 511–519.

THE 19 LESSONS

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

HOW IT WORKS One short video and one worksheet per lesson · a two-minute route for the weeks when that's all you have · built *with* the person you support, not around them · free, no account · not therapy and not a crisis service.



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

I'm passing this on because...



bipolarclarity.com/family

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

If you're in immediate danger

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

Crisis lines by country

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

COUNTRY OR REGION	LINE
Netherlands	call 0800-0113 – 113 Zelfmoordpreventie (24/7) • 113.
New Zealand	call or text 1737 (24/7) • Lifeline 0800 543 354.
Norway	call 116 123 – Mental Helse (24/7).
Oman	no national crisis line we could verify – in an emergency call 9999; to find a line, see findahelpline.com.
Poland	call 116 123 – Telefon Zaufania dla Osób Dorosłych w Kryzysie Emocjonalnym – hours: see 116sos.pl.
Portugal	call 808 24 24 24 – SNS 24.
Qatar	call 919 – AMAN Centre, Protection and Social Rehabilitation Centre (24/7).
Russia	no national crisis line we could verify – in an emergency call 112; to find a line, see findahelpline.com.
Saudi Arabia	call 920033360 – National Center for Mental Health Promotion, psychological support helpline (not 24/7; set daytime hours).
Singapore	call 1771 – national mindline (24/7) • SOS 1767.
South Africa	call 0800 567 567 – SADAG.
South Korea	call 109 – 자살예방 상담전화 (24/7).
Spain	call 024 – Línea de atención a la conducta suicida (24/7).
Sweden	call 90 101 – 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.