

understanding



bipolar
disorder

Understanding bipolar disorder

This booklet describes the symptoms of bipolar disorder and what treatments are available. It also suggests how you can help yourself, and what family and friends can do.

Note on terminology: 'bipolar affective disorder' is a formal medical diagnosis used by mental health professionals. In this booklet, we use the term 'bipolar disorder' when we refer to this disorder. The disorder also used to be known as 'manic depression'.

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What is bipolar disorder?

If you have bipolar disorder you will experience extreme swings in mood – from periods of overactive, excited behaviour – known as ‘mania’ or ‘manic episodes’ – to deep depression. Between these severe highs and lows, you may have stable times.

Some people also see or hear things that others around them don't (known as having visual or auditory hallucinations) or have uncommon, unshared, beliefs (known as delusions).

Manic episodes

You may experience one or more of the following symptoms. However, it is unlikely that you will go through all of them.

Symptoms may include:

- feeling euphoric – excessively ‘high’
- a sense of own importance
- restlessness
- poor judgement
- extreme irritability
- excessive and inappropriate spending
- talking very fast
- increased sexual drive
- racing thoughts
- risky behaviour
- lack of concentration
- misusing drugs or alcohol
- having a lot of energy
- aggressive behaviour.
- a reduced need for sleep

You may feel like you are a genius and that you are the only person in the world who can see it the right way.

Impact of a manic episode

You may not be aware of the changes in your attitude or behaviour while you are having a manic episode. However, after a manic phase is over, you may be shocked at what you have done and the effect that it has had.

👉👉 *When I am hyper, I'm the life of the party, everyone is my friend and there isn't anyone I won't talk to about anything...* 👉👉

Because you feel so elated and full of energy, you may take on commitments and responsibilities that you cannot fulfil. For example, you may take on a large loan or mortgage because you think you can earn extra money from work or projects you are planning. When the high mood drops, you may find it hard to cope with all the commitments you have taken on.

Family, friends or colleagues, may have expressed concerns while you were going through a manic episode. At the time, their comments and worries may not have made sense to you. After the manic episode, you may see it differently and understand their concerns.

Hypomania

You may experience a milder form of mania known as hypomania – this is less severe and lasts for shorter periods. During these periods you can become very productive and creative and so may see these experiences as positive and valuable. However, if you don't get treatment for hypomania, it may develop into more serious mania, and it could be followed by an episode of depression. (See Mind's online booklet *Understanding mania and hypomania*, for more information.)

Depressive episodes

Symptoms may include:

- a sense of hopelessness
- feeling emotionally empty
- feeling guilty
- feeling worthless
- chronic fatigue
- difficulty sleeping or sleeping too much
- weight loss or gain
- changes in appetite
- loss of interest in daily life
- lack of concentration
- being forgetful
- suicidal feelings.

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Depression can be tough to deal with. If you feel very low, you may not feel that life is worth living and you may have thoughts of harming or killing yourself.

👉👉 *When I'm depressed, it's the absolute worst pain I can experience. I feel like I become a balloon and am just floating outside myself, I cry like a part of me has died.* 👉👉

When you feel depressed, you may find it hard to do anything, including asking for help. In turn, this can make you feel even more depressed and hopeless. You can find further information about depression and how to deal with it in Mind's booklet, *Understanding depression*.

Types of bipolar disorder

There are different types of bipolar disorder.

- **Mania with psychotic symptoms** – if you experience mania with psychotic symptoms, you are likely to experience many of the symptoms listed under 'Manic episodes' on p.4. Your symptoms might be severe and your sense of your own importance may develop into delusions. Suspicions may turn into delusions of persecution and you may feel convinced that others are out to get you.
- **Depression with psychotic symptoms** – with severe depression you may start hearing or seeing things that others don't see and hear (hallucinations) and/or have beliefs that others don't share (delusions). This can be very distressing. You may, for example, hear voices accusing you of being nasty and bad. Or you may be convinced that some terrible disaster is about to happen and that you are responsible for it.
- **Bipolar I** – characterised by manic episodes – most people will experience depressive periods as well, but not all do.
- **Bipolar II** – characterised by severe depressive episodes alternating with episodes of hypomania.

- **Cyclothymic disorder** – short periods of mild depression and short periods of hypomania.
- **Rapid cycling** – four or more episodes a year. These can be manic, hypomanic, depressive or mixed episodes.
- **Mixed states** – periods of depression and elation at the same time.

Length and frequency of episodes

You may have very few bipolar disorder episodes, with years of stability in between them; or you may experience many more. Episodes can vary in both length and frequency from weeks to months, with varying lengths of time in between.

Mania usually starts suddenly and lasts between two weeks and four to five months. Depression often lasts longer, on average around six months. It can last longer, but usually less than a year.

Although you may cope very well in between episodes, you may still experience low-level symptoms in these relatively 'stable' periods, which can impact on your daily life.

What causes bipolar disorder?

Very little is known about the causes of bipolar disorder, although it does run in families, suggesting a genetic link. However, you may find that you have no family history of it.

The disorder is diagnosed in a roughly equal number of men and women. It usually starts when you are in your 20s or 30s, although it can also start when you are a teenager.

The fact that symptoms can be controlled by medication, especially lithium and anticonvulsants, suggests that there may be problems with the function of the nerves in the brain, and this is supported by some

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research. Disturbances in the endocrine system (controlling hormones) may also be involved.

Most research suggests that a stressful environment, social factors, or physical illness may trigger the condition. Although stress (in a variety of forms) is unlikely to cause bipolar disorder, it seems to be a significant trigger. Sleep disturbance can be an important contributor.

Stressful life events

You may find that you can link the start of your bipolar disorder to a period of great stress, such as childbirth, a relationship breakdown, money problems or a career change.

Childhood distress

Some experts believe you may develop bipolar disorder if you experienced severe emotional damage in early life, such as physical, sexual or emotional abuse. Grief, loss, trauma and neglect can all be contributing factors – they can all shock the developing mind and produce unbearable stress.

Life problems

It's possible that bipolar disorder could be a reaction to overwhelming problems in your everyday life. Mania could be a way of escaping unbearable depression: if you appear to have a very over-inflated sense of your own importance and your place in society, you may be compensating for a severe lack of self-confidence and self-esteem.

What sort of treatment can I get?

Most people tend to seek help when they go through a depressive episode and so can sometimes be wrongly diagnosed. If you feel depressed, but are aware that you have experienced mania, it will help the doctor to know about this.

It is also best to eliminate any potential physical causes of any symptoms you may be experiencing. For example, an overactive thyroid gland (hyperthyroidism) can mimic the symptoms of bipolar disorder. It can therefore be helpful to ask your GP to check this with a thyroid test (this is a simple blood test). Street drugs like cocaine, khat, ecstasy or amphetamine can also cause symptoms similar to mania.

Once you have a correct diagnosis you can get suitable treatment and support.

If your GP thinks you may have bipolar disorder, they may refer you to a psychiatrist. Your psychiatrist or GP should explain all of your options to you and your views should be taken into account before any treatment is started. If a treatment does not suit you, say so and ask for other options.

NICE guidance

The National Institute for Health and Care Excellence (NICE) has guidelines for the treatment of bipolar disorder. They suggest that you should be offered structured psychological treatment while you are relatively stable but may be experiencing mild to moderate symptoms.

Normally, the psychological treatment would be given in addition to medication. You should be offered at least 16 sessions. The treatment should cover:

- psycho education about the illness – including information about the importance of regular daily routine and sleep, and about any medication you have agreed to take
- how to monitor your mood, detect early warning signs and strategies to prevent symptoms from developing into full-blown episodes
- general coping strategies.

Medication

Almost everyone who has a diagnosis of bipolar disorder will be offered medication. Although drugs cannot cure bipolar disorder, many people find that they help to manage the symptoms. However, they should be seen as part of a much wider treatment that takes account of your individual needs. The drugs used include lithium, anticonvulsants and antipsychotics. It is very important to monitor your physical health when taking any of these drugs.

Lithium

Lithium is often prescribed for bipolar disorder and comes as two different salts: lithium carbonate (Camcolit, Liskonum, Priadel) and lithium citrate (Li-liquid, Priadel). It does not matter which of these you take, but you should keep to the same one, because they are absorbed slightly differently.

If you are taking lithium, you will have to have regular blood tests to make sure that the level of lithium in your blood is safe and effective. It is also important to maintain steady salt and water levels as far as possible.

Common side effects of lithium include weight gain, thirst, and tremor. Long-term use is potentially toxic to the thyroid gland and the kidneys, and their function should be checked regularly during treatment.

You should receive a lithium treatment card and purple information pack with your first prescription.

Anticonvulsant drugs

Some anticonvulsant drugs are also licensed for bipolar disorder. These are semisodium valproate (Depakote), carbamazepine (Tegretol) and lamotrigine (Lamictal). Lamotrigine has antidepressant effects and is licensed for depressive episodes in bipolar disorder.

There are adverse effects associated with all of these drugs, which should be made clear to you before you start treatment. (See Mind's booklet *Making sense of lithium and other mood stabilisers*, for more information.)

Antipsychotic drugs

Some antipsychotic drugs are licensed for the treatment of mania. The newer drugs are olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal) and aripiprazole (Abilify). These may be taken at the same time as an anticonvulsant or lithium.

If you have experienced psychotic episodes in the past and found older antipsychotics, such as haloperidol (Haldol, Dozic, Serenace) or chlorpromazine (Largactil) helpful, you may be prescribed them again.

All of these drugs are associated with potentially serious side effects and should be used at the lowest effective dose for the shortest possible time. (See Mind's booklet, *Making sense of antipsychotics*.)

Talking treatments

Talking treatments, including counselling and psychotherapy, can reduce the relapse rate (risk of further episodes) considerably, and many people find them helpful.

Talking treatments can help you understand why you feel as you do, and change both the way you think and feel. They can give you an opportunity to talk about difficult feelings and experiences you have while dealing with bipolar disorder and so may help you to cope better with it. It can also help you to find ways of dealing with relationship difficulties often associated with the condition.

Group therapy can help too. It can be provided in hospital, or outside, e.g. by a voluntary organisation.

Unfortunately, receiving NHS talking therapies for bipolar disorder is rare outside a hospital setting. However, you may find a local organisation offering a low-fee scheme. Contact Mind's Infoline (see 'Useful contacts') for details of your local services. See Mind's booklet *Making sense of talking treatments* for more information on this whole topic.

Hospital admission and treatment

If you are particularly distressed, you may benefit from an environment that is not too demanding. At the moment, hospital is often the only place that provides this. While you are in hospital, mental health professionals can assess your needs and try to find the best way to help you.

Unfortunately, being in a psychiatric hospital or unit can be a distressing experience. There may be little privacy, and you may find that you miss having your own things around you. It can also be frightening to be with other people who are acting in a way that is difficult to understand and is sometimes threatening.

You can be admitted to hospital voluntarily, in which case you are called an 'informal patient'. Most admissions are informal but, if you are unwilling to go into hospital, your admission may be compulsory under the Mental Health Act 1983 (see *Mind rights guide 1: civil admission to hospital*). Your community health council, a law centre, a solicitor, or Mind Legal Advice Service can provide further advice. (See 'Useful contacts' on p.22).

Electroconvulsive therapy (ECT)

ECT is a treatment, which is given in hospital under general anaesthetic and involves passing an electric current through the brain in order to cause a fit. It is given for severe depression and may also be used, very rarely, for severe mania. It can cause short or long-term memory loss. Because of the possible side effects it is used less commonly now than in the past, but some people find it effective when nothing else has helped. (See Mind's booklet, *Making sense of electroconvulsive therapy*.)

What further support can I get?

Community care services

If you have been referred to psychiatric services in England or Wales, you have a right to get your needs assessed and a care plan developed for you within the Care Programme Approach (CPA). Your care plan should include a thorough assessment of your social and health care needs. You should be allocated a care co-ordinator who is in charge of your care, and ongoing reviews. You are entitled to say what your needs are, and you have the right to have an advocate present. (An advocate is someone that can speak for you, if necessary – see *The Mind guide to advocacy*.) The assessment might also include carers and relatives.

Often community care assessments are made by community mental health teams. Their aim is to help you to live independently. They can help with practical issues, such as sorting out welfare benefits and housing, and services, such as day centres, back-to-work schemes or drop-in centres. They can also arrange for a community psychiatric nurse (CPN) to visit you at home.

●● *My mental health team was excellent. They taught me how to handle my medication and ways to change my mood patterns.* ●●

It can be useful to find out as much as possible about local services you can make use of, whether they are run by the NHS, social services departments or voluntary organisations.

You can try asking for help from:

- your GP
- social services department
- community health council
- Citizens Advice
- voluntary organisations, e.g. a local Mind
- the internet
- your local library
- Mind Info Line (see 'Useful contacts').

Day centres

Day centres, day hospitals and drop-in centres can vary widely. Services may include therapy groups, counselling, information or advice. Some offer a chance to learn new skills, such as music, cooking or crafts; some organise day trips, or simply provide the opportunity for a cup of tea, a good lunch and a chat. You may need to be referred by a social worker or psychiatrist.

Accommodation

In some areas there are hostels where you can stay for a limited period of time if you need more support than you can get in your home. They have staff who can support you and help you gain the confidence to live independently again. Sheltered housing schemes offer less intensive support, but in sheltered housing you are likely to be able to stay for as long as you want (See *The Mind guide to housing and mental health* on Mind's website.)

Crisis services

Crisis services have been developed in some areas as alternatives to hospital. Sometimes they can offer accommodation (crisis houses), but otherwise they can offer support 24 hours a day in your own home, with the idea of avoiding admission to hospital. Crisis services rely less on drug treatments and more on talking treatments and informal support. (See *The Mind guide to crisis services* on Mind's website.)

What can I do to help myself?

Getting support and understanding

During a manic phase you may be quite unaware that your actions are distressing or damaging to other people. Later, you may feel guilty and ashamed. It can be especially difficult if those around you seem afraid or hostile. It can help if you provide people with information about bipolar disorder.

After going through a manic or a depressive episode you may find it difficult to trust others, and may want to cut yourself off. These feelings are to be expected after experiencing such difficulties, but it may be far more helpful to talk through your emotions and experiences with friends, family, carers or a mental health professional.

Most people with bipolar disorder ask for help when they go through a depressive episode. However, some key problems may have started during a manic episode. If you have experienced doing something during a manic phase, which you later regret, you could talk to someone you trust while you are feeling stable. You could explain what goes on for you when you feel manic and discuss with them how you think they can best help you if you go through mania again (see 'How can I plan for a crisis?' on p.18).

Likewise, if you experience suicidal feelings and have thought about killing yourself when you feel down, it can be helpful if you discuss this with someone you trust while you are stable. Think of how you want others to support and help you if this happens again. It can make a depressive episode easier to manage for both yourself and those around you.

There are many support groups, where people who have gone through similar problems can come together to support each other. Some organisations, including Mind, list their local support groups on the internet. (See 'Useful contacts' on p.22 for more information.)

Managing your own condition

Self-management involves finding out about bipolar disorder and developing the skills you need to recognise and control mood swings early, before they become severe.

It can be difficult at first to tell whether a 'high' is really the beginning of a manic episode or whether you are just feeling more confident, creative and socially at ease. It can be a strain watching out for symptoms all the time, particularly when you are first learning about the effect bipolar disorder might have on your life.

What can help:

- **Checklists, mood diaries and exercises** to help you recognise and control mood swings. There are various books and websites which provide these.
- **Setting up and sticking to a daily routine** – some routines can work for you when you are manic as well as when you are depressed, e.g. having your meals at the same every day, regardless of what mood you are in.
- **A healthy diet.**
- **Getting enough sleep.**
- **Gentle stress free activities**, such as swimming or yoga.
- **Complementary therapies**, such as reflexology or massage, are helpful for some people (see CNHC in 'Useful contacts').

●● *I have accessed the direct payment scheme which provides funding for therapeutic activities such as yoga, dance, gym etc, which are extremely beneficial to my wellbeing.* ●●

Self-management is by no means instant, and can take some time to use effectively. However, you may find you need to rely less on professionals, and have more control over mood swings. This can lead to greater self-confidence, and reduce the chance of a relapse and how severe the symptoms might be.

Working life

It is important to take things slowly and avoid stressful situations. If you already have a job, and you have had to take time off because you have been unwell, you might want to find out if you can return on a part-time basis to start with. (For more information on your rights at work, and on employment opportunities, see Mind's booklet *How to be mentally healthy at work*). If you are a student, most colleges and universities will offer support and advice. (See Mind's booklet *How to cope with student life*.)

How can I plan for a crisis?

You may experience a mental health crisis during either the depressed or the manic phase of bipolar disorder. While going through a crisis it can be difficult to let others know what kind of help and treatment you want. Therefore, it can be useful to make a plan for how you want to be treated, while you are well.

Advance statements

An 'advance statement' includes any statement that you make while you are well, explaining what you would like to happen if you are in crisis and become unable ('lose capacity') to make decisions about your treatment or domestic arrangements. If someone else needs to decide things in your best interests, your advance statement should always be taken into account. However:

- If you include a decision to refuse a type of treatment, this is legally binding, and should be followed by doctors and other health professionals.
- If you have included any positive preferences for treatment – what you would like to happen in a crisis – these should also be taken into consideration, but they are not legally binding.
- The Mental Health Act 1983 gives psychiatrists power to override your decisions if you are sectioned and they believe that treatment is needed (although a decision to refuse electro-convulsive therapy (ECT) is usually respected).

The main types of advance statement are:

- **Advance decision** (also known as an 'advance directive' or 'living will') – usually used to express a refusal of treatment. It's a good idea (but not always necessary) to do this in a written document, with the support of an advocate or social worker.

- **Joint crisis plan (JCP)** – this is agreed between you and your psychiatrist or other mental health professionals involved in your treatment. The aim is to empower you to plan in case you lose your capacity to make decisions about your treatment and to help spot signs of a crisis. Copies are sent to those people that you ask them to be sent to.
- **Crisis cards** – designed to be carried in your wallet or pocket. It names someone to be contacted in a crisis; information about the care you would like in a crisis; and any other information you feel would be useful.

See Mind's website for *The Mind guide to crisis services*, and *Mind's Briefing 4: Healthcare and welfare/personal care decisions under the Mental Capacity Act 2005* for more detailed information.

Can I recover?

Bipolar disorder isn't always chronic and it can be possible to recover. Many people find that once they have had suitable treatment and established a way of following a recovery plan, they can manage both their disorder and their life well.

●● *A mental health issue doesn't have to define you. I am not bipolar, but I do have bipolar disorder.* ●●

What can friends and family do to help?

This section is for friends and family who want to help someone who has bipolar disorder.

Seeing someone you care for going through the symptoms of bipolar disorder can be very distressing. It's painful enough to be with someone who is in a deep depression, but during a manic phase they may not

accept that there is anything unusual about their behaviour, and they may become hostile towards you. This can leave you feeling frightened and helpless. However, you can be vital in providing support and getting them practical help.

Discuss difficult behaviour

If someone is hearing or seeing things that you don't, there's no point trying to argue them out of it. And it's not helpful to pretend you see or hear them too. It's much better to say something like, "I accept that this is how you see things, but I don't share that way of looking at it." Try to focus on how the person is feeling at the time, to empathise with their emotions and encourage them to talk about them.

People who experience bipolar disorder often seek help when they go through depression, while their carers often feel most concerned when the person they care for experiences mania. If the person you care for has acted in a way you have found upsetting or difficult to deal with when they were manic, you could discuss this with them while they are stable. You can then agree how you can best help them if they display the same behaviour again. It can be useful to write down what you have agreed, so it is clear to both of you.

Give practical support

Being organised can be a problem for people with this diagnosis. You can offer support with practical matters.

- Ask them what support they want. Then help them find out what is available and let them know what you might be able to realistically do for them yourself.
- If they agree, you can approach agencies for help on their behalf.
- Try to work together with your friend or relative, rather than taking over completely.
- Encourage them to manage their own condition safely.
- Respect their wishes regarding care as far as possible.

- Make sure they get enough to eat and enough sleep.
- Offer to help them sort out their finances, particularly if they have built up debts during a manic phase. (See Mind's *Money and mental health* web pages.)

Request a mental health assessment

If the person is a risk to themselves or to other people, it may be necessary to seek compulsory admission to hospital. The 'nearest relative', as defined under the Mental Health Act 1983, has the legal right to request a mental health assessment from an Approved Mental Health Professional to look at possible options and to decide whether the person should be detained. (For more information, see *Mind rights guide 1: civil admission to hospital* and *The Mind guide to Mental Health Act 1983*.)

Get support for yourself

Learning as much as possible about bipolar disorder can help you to cope better if you are a carer. It is also worth remembering that, under the Carers (Recognition and Services) Act 1995, you may be entitled to ask for an assessment of your own needs from your local social services. (Also see *How to cope as a carer*.)

Sometimes, people with bipolar disorder experience suicidal feelings. If the person you are caring for feels like this, you might find it useful to contact a support organisation, for example, the Samaritans. (Also see Mind's booklet *How to help someone who is suicidal*.)

Try to make sure you have support in coping with your own feelings. Give yourself time away from the person you are caring for, and ask friends and relatives for help. You may find a talking therapy helpful (see *Making sense of talking treatments* for more information).

It is worth keeping in mind that with appropriate treatment, people can learn to manage bipolar disorder and live well in the community. Your support can make a big difference to your friend or relative.

Useful contacts

Mind

Mind Infoline: 0300 123 3393
 (Monday to Friday 9am to 6pm)
 email: info@mind.org.uk
 web: mind.org.uk
 Details of local Minds and other local services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

Bipolar UK

tel: 020 7931 6480
 web: bipolaruk.org.uk
 Support for people with bipolar disorder (including hypomania) and their families and friends.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel: 0161 705 4304
 web: babcp.com
 Can provide details of accredited therapists.

British Association for Counselling and Psychotherapy (BACP)

tel: 01455 883 300
 web: itsgoodtotalk.org.uk
 For practitioners in your area.

The British Psychological Society

tel: 0116 254 9568
 web: bps.org.uk
 Produces a directory of chartered psychologists.

Carers UK

advice line: 0808 808 7777
 web: carersuk.org
 Independent information and support for carers.

Complementary and Natural Healthcare Council

tel: 020 3178 2199
 web: cnhc.org.uk
 Has a register of government-accredited complementary healthcare practitioners.

Depression Alliance

tel: 0845 123 2320
 web: depressionalliance.org
 Information and support for anyone affected by depression.

National Debtline

tel: 0808 808 4000 (freephone)
 web: nationaldebtline.co.uk
 Offers confidential advice concerning debts.

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NICE

web: nice.org.uk

Guidelines on evidence-based treatments.

Rethink

advice line: 0845 456 0455

web: rethink.org

Information and support for people affected by severe mental illness.

Samaritans

Freepost RSRB-KKBY-CYJK, Chris

PO Box 90 90, Stirling FK8 2SA

24-hour helpline: 08457 90 90 90

email: jo@samaritans.org

web: samaritans.org

Emotional support for anyone feeling down, experiencing distress or struggling to cope.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind infoline on 0300 123 3393 or at info@mind.org.uk

To buy copies of Mind's information booklets, visit mind.org.uk/shop or phone 0844 448 4448 or email publications@mind.org.uk

This booklet was written by Inger Hatloy

First published by Mind 1995
This edition published 2013 © Mind 2013
To be reviewed 2015

ISBN 978-1-906759-63-6

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Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

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