MANIA INSIGHTS

Mania Action Plan

A printable plan to fill out while you are well

If anyone is in danger right now, call 911 (US) or your local emergency number. If you or someone you know is struggling or having thoughts of suicide, call or text 988 in the US to reach the 988 Suicide & Crisis Lifeline, or chat at 988lifeline.org. It is free, confidential, and open 24 hours a day. Outside the US, find a helpline at findahelpline.com.

Fill this out when you are stable, then share a copy with someone you trust and with your care team. NAMI recommends identifying early warning signs and triggers in advance, because the start of mania often feels good and a person may not want help in the moment. This plan is for information and preparation. It is not medical advice and does not replace care from a doctor or mental health professional.

Name: _____ Date: _____

People I trust with this plan:

Early warning signs

NIMH lists these as common symptoms of a manic episode. Check any that have been early or reliable signs for you, then add your own. NAMI notes that warning signs often follow a personal pattern. For some people, two nights of a small sleep change, or the repeated use of a certain phrase, can be an early signal. The last two items are signs families often notice first.

- ☐ Feeling very up, high, or elated
- ☐ Feeling extremely irritable or touchy
- ☐ Feeling jumpy, wired, or more active than usual
- ☐ Racing thoughts
- ☐ Decreased need for sleep (rested on little sleep)
- ☐ Talking fast about many different things
- ☐ Wanting more food, drink, sex, or other pleasures than usual
- ☐ Feeling able to do many things at once without getting tired
- ☐ Feeling unusually important, talented, or powerful
- ☐ Trouble keeping up with work, social life, or relationships
- ☐ Spending more than usual, or big impulsive plans
- ☐ Doing or saying things that are out of character

My personal early signs (what I, or people close to me, notice first):

Common triggers

NAMI advises pinpointing the stressors and triggers that have preceded episodes, including people, places, jobs, and even holidays. NIMH notes that people with a genetic risk may be more likely to develop bipolar disorder after trauma or other stressful life events, and that treating a first depression with an antidepressant alone, without a mood stabilizer, may trigger mania or rapid cycling if subtle signs of bipolar disorder were missed.

- ☐ Not getting enough sleep, or a big change in sleep pattern
- ☐ High stress, being too busy, or a major life change
- ☐ A new antidepressant, or a medicine change, without a mood stabilizer
- ☐ Alcohol or recreational drugs
- ☐ Travel, time-zone changes, or a disrupted daily schedule

My personal triggers:

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Who to call

Write numbers now, while you can look them up. In a crisis in the US, call or text 988, or chat at 988lifeline.org. The Lifeline is free, confidential, and available 24/7, and it also helps friends and family members. If someone is in immediate danger, call 911. Outside the US, use findahelpline.com to find a local helpline. NAMI's HelpLine (800-950-6264, or text NAMI to 62640) offers weekday information and support; it is not a substitute for 988 or emergency care.

Prescriber / psychiatrist: _____ Phone: _____

Therapist / counselor: _____ Phone: _____

Pharmacy: _____ Phone: _____

Primary care doctor: _____ Phone: _____

Trusted person 1: _____ Phone: _____

Trusted person 2: _____ Phone: _____

Local crisis team / mobile crisis: _____ Phone: _____

Preferred hospital or ER: _____ Phone: _____

Other (insurance, case manager, support group): _____

988 Suicide & Crisis Lifeline (US): call or text 988 · 988lifeline.org
International helplines: findahelpline.com

Medications and doctor information

NIMH says treatment helps many people, even those with the most severe forms of bipolar disorder, and that bipolar disorder usually requires long-term treatment. Keep this list current and bring a copy to appointments and to the ER.

Current diagnosis (if any): _____ Allergies: _____

Current medications, dose, and time of day: _____

Medications that have helped in the past: _____

Medications or approaches to avoid, and why: _____

Pharmacy / last blood test (if needed): _____ Date: _____

Insurance name and member ID: _____

Things I want my care team to know: _____

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What helps, and what to avoid

NAMI says that with a treatment plan that can include psychotherapy, medications, a healthy lifestyle, a regular schedule, and early identification of symptoms, many people live well with bipolar disorder. NIMH encourages people to stick with treatment, ask for help doing so, and be patient, because improvement takes time. Write what has actually helped you, and what makes things worse.

What helps me early in an episode (sleep routine, quieter days, calling my doctor, etc.):

What I want to avoid (major decisions, extra stimulants, overpacked days, etc.):

What helps the people around me support me (tone of voice, who should call, what not to debate):

Family and support agreement

NAMI recommends that the person living with the condition and their family talk through a plan together, while things are calm. Use this section as that agreement. Review it after any episode and update what you learned.

If these early signs appear, we agree to do the following (call the prescriber, protect sleep, pause big purchases, etc.):

We will contact crisis services, or go to the hospital, if the following is happening:

We will call 911 if the following dangerous situation is happening:

If I cannot decide for myself, I want this person to help carry out this plan:

Signatures (optional)

Person this plan is about: _____ Date: _____

Support person: _____ Date: _____

Support person: _____ Date: _____

How to use this plan

- Fill it out on a well day. Keep one copy on your phone, one on paper, and one with a trusted person. Give a copy to your prescriber or therapist if you are comfortable doing so.
- For loved ones: NIMH suggests offering patience and practical help, staying alert to major mood changes, and taking care of yourself too. You can also call or text 988 for support as a family member.
- Update the plan after an episode, while the details are still clear.

Sources and disclaimer

Sources: National Institute of Mental Health, Bipolar Disorder (nimh.nih.gov/health/publications/bipolar-disorder). NAMI, Bipolar Disorder (nami.org/types-of-conditions/bipolar-disorder/). NAMI, Navigating a Mental Health Crisis, including the Relapse Plan and Crisis Plan worksheets. 988 Suicide & Crisis Lifeline (988lifeline.org). International helplines: findahelpline.com.

This worksheet is a preparation tool from Mania Insights. It is not a diagnosis, a crisis-response protocol, or a substitute for professional care. Talk with a doctor or mental health professional before changing any treatment. If you are in danger, call 911 or your local emergency number. In the US, call or text 988.

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