The Carer series

SUPPORTING SOMEONE WITH MOOD SWINGS

Supporting someone with mood swings, without losing yourself

A warm, plain guide for the family of someone with mood swings: what the two sides really are, what helps in each, and when to act.

Who this is for: the spouse, parent, child, or close friend of someone living with bipolar mood swings.

Cited: NICE, WHO, and peer-reviewed research.

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

1

WHAT IS REALLY HAPPENING

Two weathers, not moods they choose

IN SHORT

When someone you love has big mood swings, it is easy to think they are choosing to be difficult, or that you are doing something wrong. Neither is true. This is a health condition that moves between a high-energy side and a low side. You did not cause it, and you cannot switch it off. You can learn it, and that helps.

You have probably been blamed, or have blamed yourself, for the storms in your home. You may have heard "if they really loved us they would just stop," or felt sure that one more talk would fix it. The honest picture is calmer and kinder than that. The mood swings come from an illness with its own course, the same way a body can run a fever it did not ask for.

What you are seeing is not a flaw in their character and not a failure in yours. This is an illness with two weathers, not moods they choose. Understanding that does not let anyone off the hook. It points you at what actually helps.

It is also more common than most families ever say aloud, and it is treatable.

More, if you want it

This matters because the two sides need different things from you, and a single response will not fit both. Telling someone in a flat, slowed low to "snap out of it" lands like asking them to out-stubborn a fever. Arguing with someone who is wired and elevated, certain they have never felt better, usually only adds heat. Learning which weather you are in is the first real skill.

TRY THIS

Say this to yourself once, plainly: this is a condition, not a choice they are making against me. Notice how that shifts the feeling, from being wronged to being on the same side. You can be firm about behaviour and still hold this truth about the illness.

2

THE LOW SIDE AND THE HIGH SIDE

What the two weathers look like

IN SHORT

The two sides look very different from the outside. The low side brings withdrawal, slowed energy, and loss of interest. The high side can bring fast speech, very little need for sleep, irritability, and risky choices. Some people get both at once. The high can feel good to them and frightening to you.

Two weathers, not moods they choose.

On the low side, the person you love may go quiet, sleep too much or too little, lose interest in the things they once cared about, and move and think slowly. It can look like rejection of you. It is not. It is the illness pulling them inward.

On the high or elevated side, the picture flips. Speech speeds up, sleep seems unnecessary, ideas race, and they may feel sharper and more capable than ever. That same state can bring irritability, impatience, and decisions they would not normally make, around money, driving, or relationships. Some people swing through mixed spells where the high energy and the low mood arrive together.

The reason this trips up families is that the high can feel wonderful from the inside. To them, the elevated state may seem like their best self finally arriving, which is exactly why they may resist help when they most need it. From the outside, you can see the speed and the risk building. The high can feel like their best self to them, and like a warning to you. Both readings are real at once.

3

RIDING IT WITHOUT DROWNING

Steadiness, sleep, and a plan you share

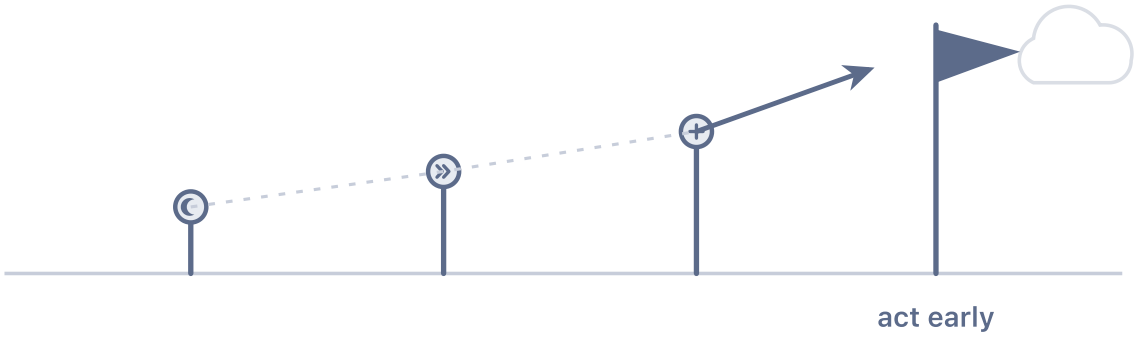
IN SHORT

You cannot control the weather, but you can be steady ground. A regular routine, protected sleep, and a simple early-warning plan you build together are some of the most useful things a household can do. A sudden drop in the need for sleep is often the first sign a high is building.

Shared routine, sleep, and an early-warning plan held together.

Big mood swings feed on chaos and lost sleep. A predictable rhythm to the day, regular meals, regular wind-downs, regular sleep, is genuinely steadying. Disrupted sleep can both set off an episode and get worse during one, so protecting sleep is one of the most practical things a family can do.

The most powerful move is to build a short early-warning plan together, while things are calm. Agree on the small, early signs that a high or a low may be starting, decide in advance what each of you will do, and write down who to call. Learning to catch these signs early and act on them can delay a relapse and keep small wobbles from becoming full storms.



agreed together, while things are calm

Early signs you watch for together, agreed while things are calm, so a small wobble does not become a storm.

Sleep changes: needing far less sleep, or suddenly sleeping all day.

Pace changes: speech and plans speeding up, or everything slowing down.

Spending or risk creeping up, or pulling away from people and routine.

The agreed step: name it gently, slow things down, and call the doctor early.

More, if you want it

One hard rule helps in the high state: do not try to win an argument with elevated mood. When someone is wired and convinced, debating rarely lands and usually raises the temperature. Stay calm, keep the routine, name your concern once without shaming, and lean on the plan and the doctor rather than on being right in the moment.

4

WHAT TO SAY IN EACH STATE

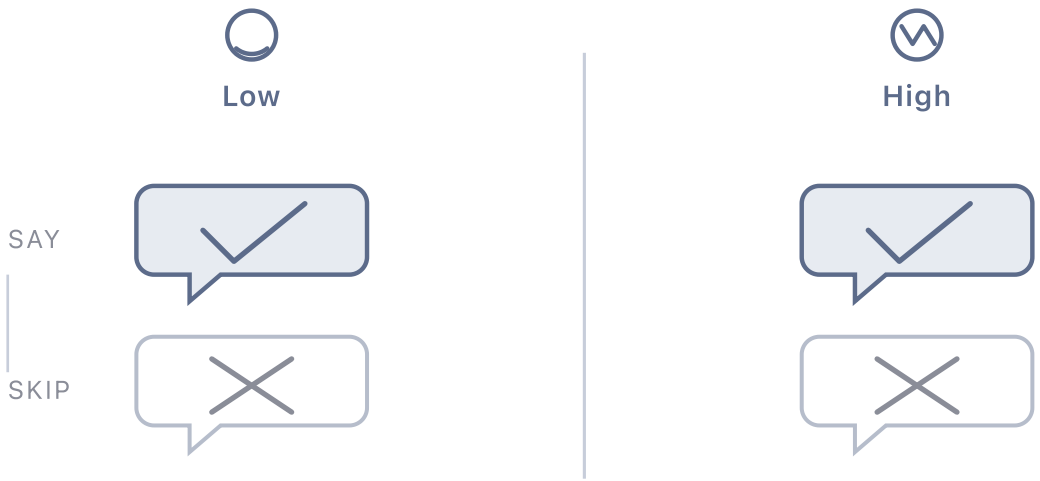
Gentle words that do not shame

IN SHORT

The same sentence does not work for both weathers. In a low, lead with presence and small invitations, not pressure. In a high, stay calm, raise concern gently, and avoid arguing the person out of how sure they feel. In both, you are firm about safety and soft about blame.

In the low weather, advice and cheerfulness tend to bounce off. What reaches people is steady presence and small, no-pressure offers: "I am here," "shall we just sit," "no need to talk." Keep the door open and the bar low. You are not trying to fix the mood, only to make sure they are not alone in it.

In the high weather, the skill is to raise concern without picking a fight. Name what you notice plainly and kindly, once, and tie it to care rather than control: "I have noticed you are sleeping very little, and I am worried about you, can we call the doctor together." Then hold the routine and the plan, even when they disagree.



What helps in each weather. Firm about safety, soft about blame, and never the same script for both sides.

Low side, say: I am here, we can just sit, no pressure to talk.

Low side, skip: snap out of it, count your blessings, just get up.

High side, say: I have noticed you are barely sleeping, I am worried, let us call the doctor.

High side, skip: arguing them out of how certain they feel, or shaming the behaviour.

TRY THIS

Pick one calm sentence for each weather and keep them ready, on your phone or in your head. Having the words prepared means you are not searching for them in the hard moment, which is exactly when they are hardest to find.

5

WITHOUT LOSING YOURSELF

Your own oxygen mask

IN SHORT

Caring for someone with big mood swings has a real cost to your own health, and that cost is under-recognised. Looking after yourself is not selfish or optional. It is part of the care plan. You cannot pour from an empty cup, and this is a marathon, not a sprint.

Here is something rarely said out loud: carers of people with mood swings carry a heavy load, and it shows up in their own bodies and minds. A large share of carers say they feel low, worn down, and anxious themselves, and many end up needing support of their own. If you have felt worn thin, anxious, or low, that is not weakness. It is the predictable weight of carrying a lot for a long time.

You can love someone through changing weather and still keep a life, a name, and a horizon of your own. Both can be true.

So your own rest, your own friendships, your own routine, and your own help are not extras you will get to later. Looking after yourself is part of the care plan, not a reward for finishing it. Set the boundaries that keep you steady: you can refuse to fund a risky plan in a high, step back from a fight that is going nowhere, and still be fully in their corner. Boundaries are not abandonment. They are what let you keep showing up.

The carer's strain runs heaviest in the hardest moments, especially when the person is in a deep low or talking about not wanting to be alive. You are not meant to carry the highest-risk moments alone. That is exactly when to widen the circle: family, friends, and a doctor, so the weight is shared.

REMEMBER

You did not cause this, and you cannot cure it, but you can help, and helping includes looking after yourself. Steadiness from a rested carer beats heroics from an exhausted one. Keep your own life, share the load, and take the long view.

6

WHEN TO ACT

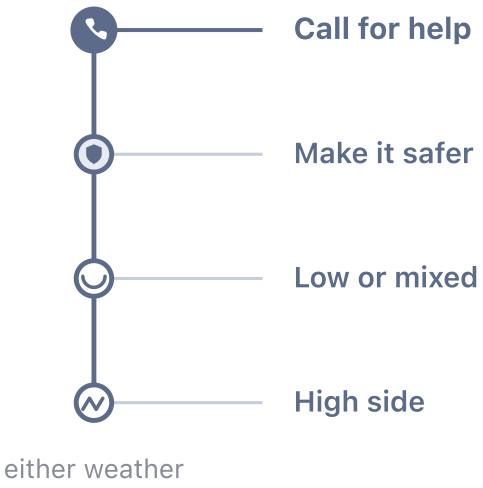
Safety in both weathers

IN SHORT

Both sides carry risk. The high side can bring impulsive, risky decisions; the low or mixed side carries the highest risk to life. A shared plan for when to act matters in both. Treatment usually works best as care chosen with a doctor plus everyday support, and the free national helpline is there any time you are worried.

Big mood swings raise safety risks at both ends. In a high, the danger is often impulsive choices, around money, driving, or relationships, made at speed and regretted later. In a low or a mixed state, the most serious risk is to the person's life. Knowing which weather you are in tells you which danger to watch.

This is why a shared plan, agreed when things are calm, matters so much. Decide in advance what counts as "act now": a sudden collapse in sleep, spending or risk spiralling, withdrawal that deepens, or any talk of life not being worth living. Agree who you will call and how you will get to a doctor. Treatment usually works best as medication a doctor may offer combined with everyday support and a talking therapy chosen together, not as one thing alone.



When to act, in either weather. You do not need to be certain to reach out: a worried family is reason enough to call.

High side acting up: sleep gone, spending or risk spiralling, choices made at speed.

Low or mixed side: deep withdrawal, hopelessness, any talk that life is not worth living.

Reduce access to anything dangerous, and do not leave them alone in a real crisis.

Call Tele-MANAS, the free national helpline, on 14416, any time, day or night.

IF YOU ARE WORRIED ABOUT THEIR SAFETY RIGHT NOW

If the person you love is talking about ending their life, or you believe they may be in danger, do not try to carry it alone. Stay with them, reduce access to anything dangerous, and reach out for help straight away. You can call Tele-MANAS, the free national helpline, on 14416, any time, day or night. The crisis card linked below has more people you can reach right now.

TRY THIS

Write down one early-warning sign and one "act now" sign for the person you love, and the number you would call. Keep it where you will find it. Deciding the plan today, in the calm, is far easier than deciding it inside the storm.

WHERE THIS COMES FROM

NICE guideline. Bipolar disorder: assessment and management (CG185). nice.org.uk/guidance/cg185

Ministry of Health and Family Welfare, Government of India. Tele-MANAS: National Tele Mental Health Programme of India (helpline 14416). telemanas.mohfw.gov.in

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Steele A. Psychiatric symptoms in caregivers of patients with bipolar disorder: a review. J Affect Disord, 2009. doi.org/10.1016/j.jad.2009.04.020

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FURTHER READING

- NHS: Bipolar disorder
- Bipolar UK: support for friends and family

This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

Feeling like it is all too much? **Read the crisis card.** Help is one page away.