



Hypomania and mania

Explains hypomania and mania, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

If you require this information in Word document format for compatibility with screen readers, please email: publications@mind.org.uk

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What are hypomania and mania?

Hypomania and mania are periods of over-active and excited behaviour that can have a significant impact on your day-to-day life.

- [Hypomania](#) is a milder version of mania that lasts for a short period (usually a few days)
- [Mania](#) is a more severe form that lasts for a longer period (a week or more)

You might have hypomania and/or mania on their own or as part of some mental health problems – including [bipolar disorder](#), [seasonal affective disorder](#), [postpartum psychosis](#) or [schizoaffective disorder](#).

Some people find hypomania and mania enjoyable. Or you might find them very uncomfortable, distressing or unpleasant.

"I love being hypomanic because I feel as though I'm on top of the world and can and will do anything I want, but I hate it because I feel so disconnected from everyone else."

Hypomania

Hypomania lasts for a few days, and can feel more manageable than mania. It can still have a disruptive effect on your life and people may notice a change in your mood and behaviour. But you will usually be able to continue with your daily activities without these being too badly affected.

Symptoms of hypomania can include:

How you might feel

You may feel:

- happy, euphoric or a sense of wellbeing
- very excited, like you can't get your words out fast enough
- irritable and agitated
- increased sexual energy
- easily distracted, like your thoughts are racing, or you can't concentrate.

How you might behave

Your behaviour may include:

- being more active than usual
- talking a lot or speaking very quickly
- being very friendly
- sleeping very little
- spending money excessively
- losing social inhibitions or taking risks.

"Everything is extremely bright and loud and everything inside my head is moving extremely fast. I'm irritated with everyone because no-one talks or does things as fast as I do. It's amazing but horrible at the same time... it's like I'm in my own amazing colourful world but everyone else is still stuck in the normal dull grey one."

Mania

Mania lasts for a week or more and has a severe negative impact on your ability to do your usual day-to-day activities – often disrupting or stopping these completely. Severe mania is very serious, and often needs to be treated in hospital.

Symptoms of mania can include any of the symptoms of [hypomania](#) listed above, and can also include:

How you might feel

You may feel:

- happy, euphoric or a sense of wellbeing
- uncontrollably excited, like you can't get your words out fast enough
- irritable and agitated
- increased sexual energy
- easily distracted, like your thoughts are racing, or you can't concentrate
- very confident or adventurous
- like you are untouchable or can't be harmed
- like you can perform physical and mental tasks better than normal
- like you understand, see or hear things that other people can't.

How you might behave

Your behaviour may include:

- being more active than usual
- talking a lot, speaking very quickly, or not making sense to other people
- being very friendly
- saying or doing things that are inappropriate and out of character
- sleeping very little or not at all
- being rude or aggressive
- misusing drugs or alcohol
- spending money excessively or in a way that is unusual for you
- losing social inhibitions
- taking serious risks with your safety.

"My speech started getting really fast... I became aggressive and thought that I could solve the world's problems by myself. I didn't sleep, hardly ate or drank and had so much energy that I would pace around the room."

After an episode

After a hypomanic or manic episode, you might:

- feel very unhappy or ashamed about how you behaved
- have made commitments or taken on responsibilities that now feel unmanageable
- have only a few clear memories of what happened while you were hypomanic or manic, or none at all
- feel very tired and need a lot of sleep and rest
- if you experience hypomania or mania as part of another mental health problem, such as [bipolar disorder](#) or [schizoaffective disorder](#), you may find that the episode is followed by a period of [depression](#).

If you drive and your hypomania or mania is a symptom of [one of the conditions listed here](#), you may have to tell the DVLA. For more information on your right to drive, including when and how to contact the DVLA, see our legal pages on [fitness to drive](#).

"Then comes the inevitable crash – waking up one morning after finally sleeping for about 12 hours for the first time in a week and realising I've spent all my money, applied to study courses and for jobs I'm not even qualified for, and fallen out with everyone who tried to calm me down."

What causes hypomania and mania?

There isn't one single or clear-cut reason that someone may become hypomanic or manic. It seems to be a combination of long-term and short-term factors, which differ from person to person.

Possible causes of hypomania or mania include:

- high levels of [stress](#)
- changes in sleep patterns or [lack of sleep](#)
- using [recreational drugs or alcohol](#)
- seasonal changes – for example, some people are more likely to experience hypomania and mania in spring
- a significant change in your life – moving house or going through a divorce, for example
- childbirth (see our page on [postpartum psychosis](#) for more information)

"I have had three bad experiences of postnatal depression [and] I went into a religious mania."

- loss or [bereavement](#)
- trauma and abuse
- difficult life conditions – for example, problems with [money](#), [housing](#) or [loneliness](#)
- [as a side effect of medication](#)
- [as a side effect of a physical illness or neurological condition](#)
- family history – if you have a family member who experiences [bipolar](#) moods, you are more likely to experience mania or hypomania.

"A typical hypomanic episode for me will begin by a night of hardly any sleep, maybe two to three hours, then the next night I probably won't sleep at all."

See our pages on [bipolar disorder](#), [seasonal affective disorder \(SAD\)](#), [schizoaffective disorder](#) and [postpartum psychosis](#) for more information about the causes of these conditions.

As a side effect of medication

Some [medications](#) can cause hypomania or mania as a side effect, either while you are taking them or as a withdrawal symptom when you stop.

This includes medications for physical conditions and psychiatric medications – including some [antidepressants](#).

If you're concerned about the effects of any medication you're taking or have stopped taking, it's important to discuss it with your doctor.

"I had 10 years living with dysmorphia and was eventually treated with antidepressants and became flirty, flighty, promiscuous, argumentative and aggressive. When I stopped the treatment, I no longer experienced these traits."

As a side effect of a physical illness or neurological condition

Some physical illnesses and neurological conditions can cause hypomania and mania, including lupus, encephalitis, dementia, brain injury, brain tumours and stroke. To make sure you get the correct treatment, your doctor should always check whether there might be a physical cause for your hypomania/mania before you are diagnosed.

How can I help myself?

Dealing with hypomania or mania can feel really difficult, but there are lots of things you can try to help manage your moods and look after your wellbeing.

Get to know your moods and warning signs

Monitor your mood. It can be helpful to keep track of your moods over a period of time. You could try using a mood diary (there are many freely available, such as [MoodPanda](#) or, if your mania or hypomania is part of bipolar disorder, [this one](#) from Bipolar UK).

Understand your triggers. For example, if you often feel high after a late night, it can help to recognise these patterns. Then you can take action to avoid the trigger, or minimise its impact.

Learn your warning signs. You may start to notice that there is a pattern to how you feel before an episode. This could be:

- changes in your sleeping pattern
- changes in your eating patterns or appetite
- changes in your behaviour.

Being aware that you are about to have a change in mood can help you make sure you have support systems in place and that you can focus on looking after yourself. Triggers and warning signs can be very personal, so it may take a little while to work out what yours are. It can also help to discuss any warning signs with family and friends, so they can help you.

"I believed that I was always right and everyone else was always wrong. I was bubbly and my confidence was really high. At work I would complete tasks simultaneously and felt that the work was way beneath me. I also started spending a lot and would spend almost all my wage."

Make a self-management plan

When you are well, make a plan for what you can do if you start getting hypomanic or manic, to manage your symptoms and prevent things getting worse.

You might need to try a few things to find out what works for you. For example:

- make yourself go to bed, even if you don't feel tired
- try to avoid alcohol and caffeine
- avoid stimulating activities
- avoid noisy, bright or busy environments and go somewhere quiet and calm
- do activities you find calming or soothing
- do [relaxation](#) or deep breathing exercises
- avoid making big purchases – you might want to ask someone you trust to help you manage your finances while you are hypomanic or manic
- postpone making major life decisions
- avoid situations where you may take part in risky behaviour, such as driving irresponsibly or [taking drugs](#)

You might also consider making a lasting power of attorney so that someone could help you manage your finances if you became unwell again. See our pages on lasting power of attorney for information on what this means and whether it might be right for you.

"I have to be careful how much social contact I have - too much can send me high. I have to start saying 'no' to demands."

Take practical steps

Stick to a routine. Having a routine can help you feel calmer if your mood is high and can help with feeling more stable in general. Your routine could include:

- day-to-day activities, such as when you eat meals and go to sleep
- time for [relaxation](#) or [mindfulness](#)
- time for hobbies and social plans
- taking any [medication](#) at the same time each day – this can also help you manage side effects and make sure that you have a consistent level of medication in your system

Manage stress. Stress can trigger hypomanic or manic episodes. There are lots of things you can do to make sure you don't get stressed or look after yourself when you do encounter stress. See our pages on [managing stress](#) for more information.

Manage your finances. You can contact [National Debtline](#) for free, impartial financial advice. Also see our page on [money and mental health](#) for information on the relationship between money worries and mental health and our legal page on [financial decisions and capacity](#) for information on your rights.

Plan ahead for a crisis. When you're in the middle of a crisis it can be difficult to let others know what kind of help you would find most helpful, so it can be useful to make a crisis plan while you are well which sets out what you would like to happen and how you would like to be treated when you are unwell. See our pages on [crisis services and planning for a crisis](#) for more information.

"I have an alarm set on my phone so I take my meds at the same time every day."

Look after your physical health

Get enough sleep. For lots of people with hypomania or mania, disturbed sleep can be both a trigger and a symptom of episodes. Getting enough sleep can help you keep your mood stable or shorten an episode. See our pages on [coping with sleep problems](#) for more information.

Eat a healthy diet. Eating a balanced and nutritious diet can help you feel well, think clearly and calm your mood. See our pages on [food and mood](#) for more tips.

Exercise regularly. Exercise can help by using up energy when you're feeling high and releasing endorphins ('feel-good' chemicals in the brain) when you're feeling low. Gentle exercise, like yoga or swimming, can also help you relax and manage stress. See our pages on [physical activity](#) for more information.

"The trick for me is not to be seduced by the 'high' and to look after myself – get enough sleep, good nutrition."

Involve friends and family

It can help to have conversations with trusted friends or family about your condition, how it affects you and how they can help. For example:

- Have honest conversations while you're well about how things feel for you, and what you do and don't find helpful. For example: 'I find it frustrating that you think I'm hypomanic every time I'm happy or have a good day,' or: 'It's really helpful when you notice I haven't been sleeping much and remind me to get a good night's sleep.'
- Consider involving trusted friends or family members in your self-care planning. For example, if you're not sure what your triggers or warning signs are, you could ask if they have seen any patterns or behaviours around the times that you become unwell. If you find it difficult to spot your warning signs yourself, you could share these with someone and ask them to let you know if they see them developing. They may notice things you don't, or be able to suggest strategies that you haven't thought of.
- Share your self-care strategies and self-management plan so they understand how to recognise when you need help and what they can do. This will also help them understand the difference between times when you feel like you can cope on your own, and times when they need to help or get you more support.

"The hardest thing to explain is the racing thoughts when I'm manic. It's like I've got four brains and they're all on overdrive...it can be scary but also euphoric at the same time."

Try peer support

Making connections with people with similar or shared experiences can be really helpful. You could try talking to other people who have experienced hypomania or mania to share your feelings, experiences and ideas for looking after yourself. For example:

- contact [Mind's Infoline](#) or a [local Mind](#) to see what support there is in your area
- try an online peer support community, such as [Elefriends](#)
- find a local support group
- check out our tips on [peer support](#).

It can also be helpful to see if your local area has a **recovery college**. Recovery colleges offer courses about mental health and recovery in a supportive environment. You can find local providers on the [Mind Recovery Net](#) website.

And if you're seeking peer support on the internet, it's important to look after your online wellbeing. See our pages on [keeping yourself safe online](#) for more information.

What treatments can help?

How can I access treatment?

The first place to go is normally your GP. They should ask about your symptoms and discuss different treatment options. If you've been monitoring your moods, for example using a mood diary, it might help to show this information to your doctor. To make sure you get the right treatment, your doctor should check if your hypomania or mania has a physical cause or is a side effect of medication.

There are a range of treatments recommended for hypomania and mania, with information on these treatments available below:

Talking therapies

You're unlikely to be offered a talking therapy if you are currently experiencing a manic or hypomanic episode, but you might be offered one if you experience hypomania or mania as part of broader mental health problems, for example if you have a diagnosis of [bipolar disorder](#). See our pages on [talking therapy and counselling](#) for more information.

Medication

If you are experiencing mania or hypomania, you will normally be offered one of these antipsychotics:

- [haloperidol](#)
- [olanzapine](#) (Zyprexa)
- [quetiapine](#) (Seroquel)
- [risperidone](#) (Risperdal).

If you experience mania or hypomania, as part of a mood disorder, you may also be offered mood stabilisers. These include:

- [lithium](#) (Camcolit, Liskonum, Priadel)
- [valproate](#) (Depakote)
- [carbamazepine](#) (Tegretol).

Valproate pregnancy warning

[Valproate](#) carries the highest risk of danger to your baby out of all mood stabilisers.

The regulators of this medicine say that you should not take valproate if you are pregnant.

They also say you should not be prescribed valproate if you are able to become pregnant, unless you have a pregnancy prevention programme in place.

See our information on [anticonvulsants during pregnancy and breastfeeding](#) to find out more.

The Medicines and Healthcare products Regulatory Agency (MHRA) is updating its recommendations on the use of valproate. But if you're currently taking valproate, it's important to continue taking it unless your doctor tells you otherwise. Find out about the [planned changes](#).

Your doctor or healthcare team should review any other medication you're taking when you develop hypomania or mania. If you're taking lithium, they should check your plasma levels.

"Lithium helps [me cope] and I just have to keep reminding myself that whichever feeling I'm going through won't last forever."

Medication really helps some people but isn't right for others. Before deciding to take any drug, it's important to make sure you have all the facts you need to make an informed choice.

See our pages on [things to consider before taking medication](#) and [your right to refuse medication](#) for more information. Our pages on [coming off medication](#) give guidance on how to come off medication safely.

Community-based support

If you experience hypomania or mania regularly, and it has a significant impact on your ability to carry out daily activities, you may be referred for community-based support.

This could include:

- health services, such as support from a Community Mental Health Team (CMHT) or Community Mental Health Nurse (CMHN) (see our page on [healthcare rights and choices](#) for more information)
- social support, such as support from a social worker or help with practical day-to-day tasks.

Some people experiencing difficulties with hypomania or mania may be entitled to a needs assessment by social services and to social care. See our pages on [social care](#) in our [health and social care rights](#) guide for further information.

"I now have a care co-ordinator and have been stable for a few months."

Crisis services

If you start to feel very unwell, or if an episode of mania is lasting for a long time and your regular treatment isn't working, you may need to access crisis services. This may include:

- [emergency support](#), such as going to A&E
- getting support from a [crisis resolution and home treatment \(CRHT\) team](#)
- [hospital admission](#)

See our pages on [crisis services](#) for more information on different types of crisis service, and [planning ahead for a possible crisis](#).

Electroconvulsive therapy (ECT)

Very rarely, a treatment called [electroconvulsive therapy \(ECT\)](#) may be offered. According to [NICE guidelines](#), this could be if:

- you're experiencing a long period of mania, and
- other treatments have not worked, or the situation is life-threatening

If you feel like you're in this situation, your doctor should discuss this option with you in a clear and accessible way before you make any decisions.

How can friends and family help?

This section is for friends and family who want to support someone they know with hypomania or mania.

Start a conversation

Have an honest conversation about your friend or family member's hypomania or mania and how it affects them. Ask them questions about their experiences and listen to what they have to say. By talking openly, you can improve your understanding of what things are like for the other person. This will also build trust so that your friend or family member feels more comfortable talking about their experiences in future and to ask for help if they need it.

"What feels real is real for him in that moment. It helps when I respect that and comfort him rather than trying to explain it's not 'real' for everyone else."

Ask what you can do

If someone has experienced hypomania or mania before, they will often have an idea of what helps them and what doesn't. Ask how you can help. If they don't know, you could offer to help by exploring options together.

Offer to help with self-management

It might be helpful to work with your friend or family member to help them identify their triggers and warning signs, and to put together a [self-management plan](#) to help them manage their symptoms better. Ask questions, make suggestions and remember that you may have different ideas about what is and isn't a problem. Once you have a final plan, write it down so you can both look at it if your friend or family member becomes unwell.

"Looking out for patterns, talking, remaining calm and supportive is essential."

Try not to make assumptions

It's understandable to be worried about potential signs of hypomania and mania, but it's important not to question every time your friend or family member is in a good mood. It's completely normal for everyone to have ups and downs, and they might find it frustrating if someone starts to worry every time they have a good day. It might help to look for consistent signs and patterns that they are becoming unwell, and to talk together about what this might look like.

Let them know you're worried

If you're worried that your friend or family member is becoming unwell, try to address this with them gently. Don't criticise or accuse, and stay calm and non-confrontational. Explain that you've noticed changes in their behaviour and why it concerns you, and ask if they've noticed it too. If this has happened before, gently remind them of this and explain the pattern you see. If they say they're fine, you could suggest that you see how things go and review the situation in a few days.

Discuss challenging behaviour

If someone is very unwell, they may behave in a difficult or challenging way and may not see their behaviour as a problem. If this happens, it's OK for you to set boundaries – for example, that you will end the conversation if someone is rude or aggressive with you, or that you won't participate in any grand ideas or schemes if you feel they will have negative consequences. Explain this calmly to your friend or family member, and try not to get into an argument.

Be supportive afterwards

If someone has been unwell, they may feel embarrassed or ashamed of their behaviour. Reassure them that you still care and that you understand this behaviour is part of their hypomania or mania. If your friend or family member is worried that their behaviour may have long-term effects, you could offer to help them resolve this – such as helping with a financial plan or working out how to improve relationships that have been affected.

"If those around me are concerned about whether changes are symptomatic of relapse [I encourage them] to ask, not assume."

Be an advocate

Getting the right care and support can be difficult and frustrating, particularly if you are unwell, so your friend or family member may want you to help with this. For example, you could offer to research [treatments](#) or [self-help](#) techniques, find information about support groups in your area, or look into finding a mental health advocate. See our pages on [advocacy](#) for more information.

Plan for a crisis

It's a good idea to make a [crisis plan](#) that explains what to do if someone becomes very unwell. This would include who to contact, what to do and when would be an appropriate time to consider hospital treatment. Agree this in advance, and keep a written copy.

Look after yourself

It can sometimes be really challenging to support someone, and it's common to feel overwhelmed at times. It's important to remember to look after your own mental health too, so you have the energy, time and distance you need to be able to help your friend or family member.

For example:

- **Set boundaries and don't take too much on.** If you become unwell yourself you won't be able to offer as much support. It is also important to decide what your limits are and how much you are able to help them. See our pages on [how to manage stress](#) for more information.
- **Share your caring role with others,** if you can. It's often easier to support someone if you're not doing it alone.
- **Talk to others about how you're feeling.** You may want to be careful about how much information you share about the person you're supporting, but talking about your own feelings with someone you trust can help you feel supported too.

See our pages on [how to cope when supporting someone else](#) for more suggestions on what you can do, and where you can go for support.

Useful contacts

Mind's services

- **Helplines** – all our helplines provide information and support by phone and email. Our Blue Light Infoline is just for emergency service staff, volunteers and their families.
 - Mind's Infoline – 0300 123 3393, info@mind
 - Mind's Legal Line – 0300 456 5453, legal@mind
 - Blue Light Infoline – 0300 303 5999, bluelightinfo@mind
- **Local Minds** – there are over 140 local Minds across England and Wales which provide services such as [talking treatments](#), [peer support](#), and [advocacy](#). [Find your local Mind here](#), and contact them directly to see how they can help.
- **Elefriends** is a supportive online community for anyone experiencing a mental health problem. See our [Elefriends page](#) for details.

Who else could help?

Bipolar UK

[0333 323 3880](tel:03333233880)
bipolaruk.org

Information and support for people affected by bipolar disorder, hypomania and mania.

Carers UK

[0808 808 777](tel:0808808777)
carersuk.org

Advice and support for people caring for someone else.

Healthtalk.org

healthtalk.org

Information about people's experiences of mental health problems and treatments, including audio and videos.

Hearing Voices Network

hearing-voices.org

Information and support for people who hear voices or have other unshared perceptions, including local support groups.

Mind Recovery Net

mindrecoverynet.org.uk

Publishes information on recovery colleges, including a searchable list of providers.

Mood Diaries

medhelp.org/land/mood-tracker

moodscope.com

moodchart.org

moodpanda.com

Some examples of mood diaries - many more are available. Mind doesn't endorse any particular one.

National Debtline

nationaldebtline.org

Information and advice about debt, including a helpline, online webchat and sample letters for writing to creditors.

National Institute for Health and Care Excellence (NICE)

nice.org.uk

Produces guidelines on best practice in healthcare.

NHS UK

nhs.uk

Information about health problems and treatments, including details of local NHS services in England.

Rethink Mental Illness

0300 5000 927

rethink.org

Provides support and information for anyone affected by mental health problems, including local support groups.

Samaritans

116 123

samaritans.org

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24-hour emotional support for anyone who needs to talk.

© Mind January 2020

To be revised in 2023

References are available on request.