THE BALANCE

Bipolar Disorders

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Bipolar disorders are identified through defined patterns of depression and elevated or irritable states, assessed longitudinally rather than from ordinary mood variation.

02 Assessment considers sleep, functioning, medication and substance exposure, medical causes, family observations, episode severity, and immediate safety risks before recommending treatment.

03 Residential treatment may suit stable, voluntary clients, while acute mania, psychosis, severe mixed symptoms, or significant safety risks may require hospital care.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Understanding bipolar disorder

Bipolar I disorder includes at least one manic episode. Bipolar II disorder involves hypomanic episodes and major depressive episodes without a history of full mania. Other bipolar and related diagnoses have specific criteria. Labels such as bipolar spectrum should not replace those distinctions.

How bipolar disorder May Present

Episodes change more than mood. Sleep need, activity, speech, thought speed, confidence, risk, and functioning help distinguish a clinically significant state.

- Markedly reduced need for sleep without the expected fatigue
- Unusually elevated, expansive, or persistently irritable mood
- Rapid speech, racing thoughts, distractibility, and increased goal-directed activity
- Inflated confidence, grandiosity, or certainty that others view as out of character
- Spending, investment, sexual, travel, substance, driving, or professional risk
- Agitation, anxiety, hopelessness, and activation occurring together in a mixed state
- Psychotic symptoms, paranoia, severe conflict, or inability to recognize impairment
- Depressive episodes with low mood, loss of interest, slowing, guilt, or suicidal thinking

High energy, creativity, ambition, and short sleep during a deadline are not sufficient for diagnosis. The degree of change from baseline, duration, consequences, and relationship to substances or medication must be established.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment reconstructs episodes across years, including depression, elevation, mixed symptoms, medication exposure, substances, sleep, and family observations. A person’s insight may vary by state.

Duration, severity, impairment, and consequences of elevated or irritable periods

Need for sleep rather than hours slept by choice

Psychosis, aggression, suicidality, self-neglect, and involuntary-care history

Current capacity, consent, finances, work authority, relationships, and safety-sensitive decisions

Safety and the appropriate setting

Acute mania, psychosis, severe mixed symptoms, suicidal intent, aggression, inability to maintain essential sleep or intake, or markedly impaired judgment may require emergency, hospital, or involuntary assessment under local law. THE BALANCE is not presented as a secure or involuntary psychiatric unit. Travel can worsen risk when sleep and judgment are unstable and should not be arranged merely for privacy.

04 / CARE BUILT AROUND YOU

Care built around you

Bipolar care generally requires psychiatric leadership, careful medication planning, sleep and rhythm protection, psychological work, risk management, and durable continuity. Psychotherapy supports but does not replace indicated medical treatment.

Place acute mania, psychosis, mixed-state risk, and suicidality in the appropriate level of care Establish clear psychiatric and prescribing responsibility

Review medication history, adherence, effects, interactions, and monitoring Protect sleep, circadian rhythm, travel, and substance boundaries

Use psychotherapy for insight, routines, relationships, and early-warning recognition Limit high-risk financial, professional, driving, or travel decisions when clinically and lawfully appropriate

Involve selected family or advisors with consent and clear escalation thresholds Arrange long-term psychiatric follow-up before transition

Medication should not be started, stopped, or changed from website information. A private program should not promise mood stabilization, medication-free care, or treatment of acute mania unless the exact service and level of care are documented.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Bipolar disorder usually requires long-term psychiatric continuity. The plan should name the prescriber, medication and monitoring, sleep and travel boundaries, early-warning signs, family or advisor roles, and the response to emerging depression or elevation. Progress may include sustained mood stability, restorative sleep, reduced episode severity, safer judgment, consistent medication decisions, earlier recognition of change, and relationships able to respond without panic or concealment.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is bipolar disorder the same as mood swings?

No. Diagnosis involves defined episodes with changes in mood, energy, activity, sleep, judgment, and functioning. Ordinary variability alone is insufficient.

What is the difference between mania and hypomania?

They differ in severity, impairment, duration, psychosis, and need for hospital care. A psychiatrist should assess the history rather than relying on a checklist.

Can antidepressants affect bipolar symptoms?

Some medications may contribute to activation in susceptible people. Medication decisions require an authorized prescriber who can review history, risks, and alternatives.

Can bipolar disorder be diagnosed during one appointment?

Sometimes the evidence is clear, but often a longitudinal history, records, collateral information, medication and substance review, and observation are needed.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.