**Socio-Cultural Challenges in the Management of Bipolar Disorder: A Trans-Cultural Study**

**Introduction**

Clinical management of bipolar disorder patients might be affected by culture and is further dependent on the context of healthcare delivery. There is a need to understand clinical management of bipolar disorder patients. The study had a geographically wide approach and could only scratch the surface of the themes examined.

**Results**

“Many bipolar patients only receive acute psychiatric attention and are discharged or follow-up. Private psychiatric help in Mexico is expensive for most of the population. Insurance does not cover psychiatric help.”

“Africa”

“Many bipolar patients have been misdiagnosed in the past and are thus incorrectly prescribed proper medications. This may also be linked to social factors, as highlighted by several individuals focusing on the lack of insight and acceptance of mental illness among some ‘tribal’ cultures characterized by denial of mental illness. As a consequence, many patients, especially in social environments with problematic issues in access to mental health care, such as migrants.”

“Latin America”

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“Europe”

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**Discussion**

The current study has several limitations. Even though the region of origin of different quotations is reported in the result section, the reader may not be able to match the information from the quotations to the strategies employed in different regions. Multiple socio-cultural factors related to stigma were reported as opposite important aspects of the illness, influencing the clinical management of patients. The interviews clearly showed that stigma was related to different sociocultural structures. This highlights the need for mental health researchers and clinical experts, in social and cultural environments such as to reach such depth in a manner that patients and families will not hide the disease and even avoid seeking professional help. Sometimes, the stigma was related to religious practices about mental disorders being owned by evil thoughts and behaviors, or religious beliefs systems emphasizing the need for long-term follow up, psychotherapy and psychoeducation in some public healthcare systems.

**Conclusion**

The current study was a descriptive study. Even though the length of and depth of different quotations is reported in the result section, the reader may not be able to match the information from the quotations to the strategies employed in different regions. Multiple socio-cultural factors related to stigma were reported as opposite important aspects of the illness, influencing the clinical management of patients. The interviews clearly showed that stigma was related to different sociocultural structures. This highlights the need for mental health researchers and clinical experts, in social and cultural environments such as to reach such depth in a manner that patients and families will not hide the disease and even avoid seeking professional help. Sometimes, the stigma was related to religious practices about mental disorders being owned by evil thoughts and behaviors, or religious beliefs systems emphasizing the need for long-term follow up, psychotherapy and psychoeducation in some public healthcare systems.

**Recommendations**

1. Setting up culturally sensitive and conducted mental health awareness campaigns and programs
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**References**