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ORIGINAL RESEARCH

Understanding Relapse in Bipolar Disorder at a Tertiary Mental Health Facility in Uganda

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Background: Bipolar disorder (BD) is a chronic psychiatric condition characterized by recurrent episodes of mania, hypomania, and depression, affecting approximately 1 in 150 adults globally. BD contributes significantly to disability and years of life lost, with a notable prevalence in Africa. The high relapse rates in BD, exacerbated by limited mental health resources and underdiagnosis, highlight the need for targeted interventions. This study explores the factors contributing to relapse among BD patients at Butabika National Referral Mental Hospital, Uganda, a crucial mental health facility in the region.

Methods: This cross-sectional qualitative study was conducted at Butabika National Referral Mental Hospital. Adult patients aged 18–65, diagnosed with BD and experiencing relapse after treatment, were included. Data were collected through purposive sampling, focusing on obtaining detailed personal accounts from approximately 15 participants until data saturation was achieved. Thematic analysis identified key themes and subthemes related to relapse factors.

Results: Five major themes emerged: treatment adherence, psychosocial factors, cultural beliefs, economic challenges, and coping mechanisms. Non-adherence to medication, driven by side effects, forgetfulness, and financial constraints, was a significant relapse factor. Psychosocial stressors, such as life events and social isolation, alongside stigma and cultural beliefs in traditional healing, further complicated relapse patterns. Economic hardships affected medication access and treatment consistency. Supportive social networks and psychoeducation emerged as crucial for effective management and relapse prevention.

Conclusion: Addressing medication adherence, psychosocial stressors, cultural beliefs, and economic barriers through a holistic approach integrating medical treatment with psychoeducation and support systems is essential for improving patient outcomes and reducing relapse rates in this setting. Therefore, the effective management of bipolar disorder at Butabika National Referral Mental Hospital requires a complex interplay between biological, psychological, and social factors.

Keywords: bipolar disorder, relapse, treatment adherence, psychosocial factors, cultural beliefs, economic challenges, Uganda

Background

Bipolar disorder (BD) is a chronic psychiatric condition characterized by recurrent episodes of mania, hypomania, and depression.[1] Approximately 1 in 150 adults (40 million people, or 0.53% of the global population) are living with bipolar disorder.[1] BD is estimated to account for 4.4 to 10.3 disability-adjusted life years (DALYs), or approximately 7%, positioning it as the 7th leading cause of years of life lost (YLL) and years lived with disability (YLD).[2] In Africa, surveys conducted in Egypt and Nigeria have reported a lifetime prevalence of bipolar spectrum disorders ranging from 0.1% to 0.6%.[3] These findings highlight the significant burden of BD both globally and regionally, emphasizing the need for targeted mental health interventions. However, underdiagnosis and mismanagement remain significant concerns due to limited mental health resources, contributing to higher relapse rates and poor long-term outcomes in the region.

A critical challenge in managing BD is the high rate of relapse among affected individuals, contributing significantly to both personal suffering and financial costs.[4] BD is characterized by frequent mood episodes manic, depressive, and mixed each of which can severely impact or even devastate a person's life, sometimes taking years to recover.[5] Understanding the patterns and causes of relapse is essential for improving shared decision-making between clinicians

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and patients, which would greatly benefit individuals and mental health services overall. Identifying the factors associated with relapse is also crucial, as it enables the recognition of modifiable risk factors that can serve as new targets for intervention and prevention in BD.[6] Moreover, providing patients with this information empowers them to make informed decisions about their treatment and care. Relapse rates are generally high, particularly in areas like Uganda with underdeveloped mental health infrastructure, emphasizing the need for targeted research and specialized interventions.[7]

Relapse in bipolar disorder significantly affects quality of life, increases healthcare costs, and raises the risk of morbidity and mortality, including suicide.[8] The frequency and nature of relapse in bipolar disorder can vary across studies. For example, a follow-up study found that 48.5% of patients with bipolar disorder experienced relapse, with 34.7% of these relapses being manic episodes and 13.8% involving depressive, hypomanic, or mixed episodes.[9] Additionally, the risk of depressive relapse was found to be 70% in patients who discontinued antidepressants after a successful year of treatment, compared to 36% in those who continued their medication.[10] Relapse rates are notably higher among vulnerable populations, such as pregnant women, with up to 71% of mothers with bipolar disorder experiencing relapse.[11] Significant factors associated with relapse identified in various studies include the type of diagnosis, earlier onset of the disorder, frequency of recurrences per year, recent illness, and the use of different medications such as antidepressants and anticonvulsants versus lithium.[12] However, these studies often lack specific focus on the context of low-resource settings, such as Uganda, and do not adequately address the unique factors influencing relapse in such environments. There is a gap in understanding how local cultural, social, and infrastructural factors at Butabika National Referral Mental Hospital may impact relapse rates and recovery outcomes.

In Uganda, social and cultural factors profoundly impact the experiences of individuals with bipolar disorder. Symptoms are frequently misinterpreted as manifestations of supernatural phenomena, prompting many to consult traditional healers or religious leaders rather than pursuing psychiatric treatment. This reliance on alternative sources of assistance often delays appropriate care and exacerbates the risk of relapse.[13] Stigma and social exclusion significantly exacerbate the challenges faced by individuals with bipolar disorder, who often encounter discrimination, abandonment, and coercive treatment practices. These negative experiences severely restrict their access to consistent and supportive care systems. Furthermore, inadequate mental health literacy among patients, caregivers, and certain healthcare providers plays a crucial role in undermining medication adherence and impeding effective symptom management, further complicating the overall treatment landscape for those affected by this condition.[14]

While significant research has been conducted globally on BD relapse, much of this work has focused on biological and pharmacological aspects of relapse prevention.[15] However, fewer studies have explored the interaction between biological, social, and psychological factors, particularly in low-resource settings like sub-Saharan Africa.[16] In Uganda, research on BD remains limited, and studies addressing relapse are sparse. Existing studies have largely focused on epidemiology quality of life and treatment,[8] with minimal attention paid to the underlying factors contributing to relapse or the effectiveness of holistic intervention approaches. Moreover, most of the research conducted in Africa fails to capture the lived experiences of patients, a critical element in understanding the complex nature of relapse in bipolar disorder.

This study aims to investigate the multifaceted social, biological, and psychological factors associated with relapse in patients with bipolar disorder in Uganda. Biological determinants include comorbid illnesses, nutritional status, genetic predispositions, age, and sex/gender, all of which may significantly impact the likelihood of relapse.[17] Sociological influences involve environmental and interpersonal elements, such as social support and socio-economic status, which play critical roles in the well-being and stability of these patients.[18] Psychological factors encompass individual differences in cognitive processes, personality traits, levels of stress, and coping mechanisms, all of which can shape the experiences of patients and influence relapse.[19] By examining these interconnected domains, this study seeks to provide a comprehensive understanding of the complexities surrounding relapse in bipolar disorder patients in Uganda, ultimately informing more effective interventions and support strategies.

Butabika National Referral Mental Hospital is Uganda's largest mental health facility and serves as a critical hub for managing patients with severe psychiatric disorders, including bipolar disorder. Despite its central role in mental healthcare, there is little specific data on the relapse patterns of bipolar disorder patients in this setting. Given the high

burden of relapse and the complex interplay of social, biological, and psychological factors in Uganda, there is a pressing need for qualitative research that explore these dynamics from the perspective of both patients and healthcare providers. This study aims to fill this gap by providing a comprehensive analysis of the factors contributing to relapse in bipolar disorder patients at Butabika National Referral Mental Hospital, thus offering insights that could inform more effective, context-specific interventions.

Materials and Methods

Study Design

This research was a cross-sectional study utilizing qualitative methods for data collection and analysis. This design was employed to thoroughly investigate the biological, psychological, and social factors associated with relapse in individuals diagnosed with bipolar disorder. The study focused on obtaining rich, detailed personal accounts and stories from the patients to gain a deeper understanding of their experiences.

Study Setting

The study was conducted at Butabika National Referral Mental Hospital, situated in Nakawa Division, southeastern Kampala, Uganda. The hospital is located approximately 12 kilometers (7.5 miles) from the city center and lies adjacent to the northern shores of Lake Victoria. It is the second largest hospital in Uganda, encompassing a 300-hectare area, of which 180 hectares are dedicated to hospital infrastructure and buildings, with the remaining area used for schools and recreational facilities.

Study Population

Participants in this study were adult patients aged 18–65 years who were diagnosed with bipolar disorder and had experienced a relapse following at least a one-month period of stability after treatment in the past months at Butabika National Referral Mental Hospital. The inclusion criteria specified that participants must be within the age range of 18–65 years, have a diagnosis of bipolar disorder, have experienced a relapse in the past months and stable to provide the required data, and have consented to participate in the study. Those who were still unstable, below 18 and above 65, never experience relapse were not included in the study.

Sample Size

The study aimed to recruit participants until data saturation was achieved. While the target was to interview approximately 15 participants, the final sample size was determined by the point at which no new information emerged from the interviews, ensuring a focus on data richness and an in-depth exploration of the research questions and the final sample size was 15 participants.

Sampling Procedure

A purposive sampling strategy was employed to ensure a diverse representation of participants across various demographics, socioeconomic statuses, and urban/rural settings. Purposive sampling, a non-probability sampling technique, was used to select participants who met specific criteria relevant to the research objectives. This approach focused on individuals who were most pertinent to understanding the complex biological, psychological, and social factors of relapse in bipolar patients. The inclusion criteria specified that participants must be within the age range of 18–65 years, have a diagnosis of bipolar disorder, have experienced a relapse in the past months and stable to provide the required data, and have consented to participate in the study. Those who were still unstable, below 18 and above 65, never experience relapse were not included in the study.

Data Collection Tools

In the study, participants were interviewed face-to-face using a culturally sensitive interview guide designed specifically for this study. This consisted of a series of open-ended questions and prompts related to their experience with bipolar

disorder, treatment experience, and relapse episodes. The trained interviewer followed the interview guide to ensure consistency in data collection. The interviewers were trained on how to use the interview guides, the ethical considerations in the study and how to identify suitable patients for the study. Participants had the opportunity to provide detailed responses to the questions, allowing for a deeper exploration of their experiences.

Procedure

The study participants were fully informed about the study details by the research team that included the mental health workers at Butabika Hospital, the principal investigator, and the co-investigators, and they provided informed consent to take part in the study. The investigators were responsible for data collection while the mental health workers were responsible for identifying suitable participants for the study. Subsequently, they were interviewed following the provided interview guide for a duration ranging from 45 minutes to 1.5 hours. The data was recorded in the interviews and later transcribed to written for analysis.

Data Analysis

The data on social, psychological, and biological factors was manually and thematically examined. By the research team. Thematic analysis is a tool for studying qualitative data that involves looking through data collection to find, examine, and report recurring patterns. The initial phase of the analysis involved thoroughly reviewing the transcripts multiple times to gain a deep understanding of the information. In the second phase, we applied inductive coding to all transcripts, which led to the development of distinct codes. The third phase included grouping similar codes and categorizing them, ultimately culminating in the formation of overarching themes from these categories. The themes that emerged from the codes were collectively discussed and reached a consensus among all authors.

Ethical Consideration

The study complies with the guidelines stipulated in the declaration of Helsinki. The researcher received approval from the Lira University Research and Ethics Committee (LUREC-2024-107). Before participation, all individuals provided informed consent, including the publication of anonymized responses/direct quotes, and were allocated unique identifiers to safeguard their anonymity and privacy. Participants had complete autonomy to decide whether to participate and could withdraw at any point without any obligation. Reimbursement was provided to all participants. Cultural competence was emphasized during data correction. Lastly, participants were assured that their data would be kept confidential and used solely for research purposes.

Results

Biodata of Participants

According to the data presented in the table, majority of the participants were female. Majority of participants are between 28 to 38 years old. Majority of the participants are primary leavers only three held degrees. Most of the participants were coming from Rural areas. (See Table 1).

Themes

Through thematic analysis five major themes emerged, each encompassing a range of subthemes and reflecting the diverse experiences of participants regarding relapse in bipolar disorder patients at Butabika National Referral Mental Hospital, Uganda. (See Table 2).

Theme 1: Treatment Adherence and Compliance

Participants provided diverse insights into treatment adherence and compliance, emphasizing the critical role of consistent medication use, understanding the illness, and having strong social support in preventing relapse among BD patients. Under this overarching theme, three key subthemes emerged: medication non-adherence, psychological barriers, and social support systems.

Table 1 Biodata of the Participants

Identifier	Sex	Age	Level of Education	Area of Resident
P1	Female	32	Form six	Rural
P2	Male	51	Primary 2	Urban
P3	Female	32	Primary 7	Rural
P4	Male	32	Primary 7	Rural
P5	Male	42	Form 6	Rural
P6	Male	44	Degree	Urban
P7	Female	28	Certificate	Rural
P8	Male	47	Primary 7	Urban
P9	Male	49	Form 6	Urban
P10	Female	34	Primary 2	Rural
P11	Female	49	Primary 2	Rural
P12	Female	33	Degree	Rural
P13	Male	38	Certificate	Rural
P14	Female	50	Form 4	Urban
P15	Female	38	Degree	Urban

Table 2 Thematic and Sub-Theme

Main Theme	Sub-Theme	Frequency of the Sub-Themes	Code
Treatment Adherence and Compliance	**Medication non-adherence**	11	*"The medication makes me feel tired and sometimes dizzy, so I end up not taking it. I just can't keep up with how it makes me feel." (Participant 7)*
	Psychological barriers	12	*"Makes me want to hide it rather than take my medication openly."*
	Side effects impacting adherence	9	*"Causing weakness", shivering, "thirst", feel tired" "sometimes dizzy"*
	Inconsistent medication use	11	*"I only use alcohol and I know it's not good for my health"*
Psychosocial factors influencing relapse	**Stressful life events**	8	*"Losing my job was the tipping point. I couldn't handle the stress, and that's when my situation deteriorated……." (Participant 4)*
	Substance use and abuse	9	*"And I also drink alcohol which I think is the reason for my being here again and again…."*
	Social isolation	7	*"When I am alone for too long, oh! … it's terrible…."*

(*Continued*)

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Table 2 (Continued).

Main Theme	Sub-Theme	Frequency of the Sub-Themes	Code
Cultural beliefs and perceptions of mental illness	**Traditional and spiritual beliefs**	8	*"Me I feel our diversion from our culture and what we are supposed to worship is a cause of a lot of things……"*
	Stigma in the community	11	*Negative attitudes, discrimination, and stigma associated with mental illness*
	Belief in alternative treatments	7	*"I thought the traditional remedies would heal me"*
Economic and financial challenges	Cost of treatment	7	*"Sometimes I skip appointments because I do not have enough money."*
	Poverty as a relapse factor	11	*"When you do not have enough money to even feed yourself…"*
	Unemployment	11	*"People don't give me jobs because they fear me…."*
Coping mechanisms and self-management	**Use of coping strategies**	9	*"Sometimes I just avoid thinking about my condition"*
	Psychoeducation and self-awareness	4	*"Learning about bipolar has helped me understand the triggers……."*
	Role of Therapy	5	*"Without therapy, I would not be able to manage as well as I do……"*
	Social support systems	12	*"My uncle always buys for me medication……"* *"When my family is involved and supportive, it becomes easier for me to stick to my medication. But when they are distant or uninvolved, I find myself skipping doses and falling back into old patterns." Participant 3*

Subtheme 1.1: Medication Non-Adherence

Many participants cited several reasons for medication non-adherence, with the most common being side effects, forgetfulness, and financial constraints. These factors greatly disrupt treatment consistency and increase the risk of relapse. Several participants noted that severe side effects were a significant challenge, as one explained:

> The medication makes me feel tired and sometimes dizzy, so I end up not taking it. I just can't keep up with how it makes me feel. (Participant 7)

Others pointed to forgetfulness and the high cost of medication as major barriers. One participant shared:

> Sometimes I just forget to take my medicine, especially when I'm busy or stressed. And other times, I can't afford to buy it. (Participant 5)

Subtheme 1.2: Psychological Barriers

Psychological barriers, such as lack of insight into the illness, stigma, and denial of the disorder, were commonly reported by participants. Many struggled to accept their diagnosis or faced societal stigma, making it difficult to stay committed to treatment. A recurring theme was the challenge of acknowledging the illness, which, when combined with stigma, often led to non-compliance and an increased risk of relapse.

One participant shared:

> At first, I didn't believe I had bipolar. It took a long time to accept it, and even now, I sometimes question it. This makes it hard to stick to the treatment. (Participant 9)

Others emphasized how societal stigma contributed to their non-adherence, as one participant noted:

> People judge me because of my illness, and that stigma makes me want to hide it rather than take my medication openly. (Participant 2)

Subtheme 1.3 Side Effects

Side effects from medications emerged as a significant obstacle to adherence among participants. They frequently reported discomfort and practical difficulties associated with their treatments as indicated in the following excerpts; one participant expressed how the medication affects him, noting,

> The drugs make me weak, shiver, and feel so thirsty; this makes me take less dose than prescribed. Participant P2

Another participant, shared the struggle of managing a multitude of medications, stating,

> The drugs are so many and at times I get tired of them. I swallow my medication sometimes as I'm told but I think alcohol is also letting it down. Participant, P6,

Additionally, Participant described adverse reactions to injections, mentioning,

> The injection has side effects for me; I shiver and I cannot see well small letters even those on phones. Participant P8

These accounts collectively highlight the considerable impact that both physical discomfort and practical challenges from medication side effects have on adherence and overall treatment efficacy.

Subtheme 1.4 Inconsistent Medication Use

Inconsistent use of medication was another challenge, often influenced by personal habits and substance use. One participant admitted,

> I only use alcohol and I know it's not good for my health. When at home I swallow today then I do not take the following day. Participant P6

This irregular use highlights the need for interventions that address substance use and promote consistent medication adherence.

Subtheme 1.5 Social Support Systems

Participants shared various experiences related to social support, highlighting its significant impact on managing bipolar disorder. Overall, they emphasized that having supportive family, friends, and peers plays a crucial role in managing the condition, particularly in ensuring treatment adherence.

> When my family is involved and supportive, it becomes easier for me to stick to my medication. But when they are distant or uninvolved, I find myself skipping doses and falling back into old patterns. Participant 3

> My friends understand my condition which makes a big difference ……., and their support keeps me from feeling isolated, which helps in preventing relapse. Participant 11

Despite the positive aspects of social support, participants reported experiencing stigma and discrimination, which adversely affected their mental health and contributed to relapses. Participants reflected on the less painful experience of being misunderstood as one stated,

> Most people don't know that I take medicine so they treat me well... those who know used to call me a mad person but now it no longer hurts me. Participant P5

In contrast, other participants described more severe and distressing experiences. For instance, one participant shared,

> People in the community beat me saying that I am a mad person. My relatives do not want to support me. (Participant P8).

This kind of severe stigma not only undermines self-esteem but also exacerbates the difficulties of managing BD, leading to increased instances of relapse. These contrasting experiences highlight the complex and often detrimental effects of societal stigma on individuals living with bipolar disorder.

Theme 2: Psychosocial Factors Influencing Relapse

Participants identified a range of psychosocial factors that played a significant role in triggering relapses in bipolar disorder patients. These factors include stressful life events, substance use and abuse, family dynamics, and social isolation, all of which deeply impact patients' mental health stability.

Subtheme 2.1: Stressful Life Events

Participants frequently mentioned that major life stressors such as job loss, relationship breakdowns, and financial instability contributed to their relapses. These events often destabilized their emotional well-being, leading to increased vulnerability. This can be exemplified by the following quotes;

> Losing my job was the tipping point. I couldn't handle the stress, and that's when my situation deteriorated……. (Participant 4)

other participants attributed their relapse to unstable relationships as one participant put it;

> When my relationship ended, I felt like I lost everything. The emotional pain was too much, and I stopped taking care of myself, including my medication. (Participant 8)

Subtheme 2.2: Substance Use and Abuse

Substance abuse, particularly alcohol and drug use, was highlighted as a common relapse trigger. Participants shared how using substances to cope with their emotions often worsened their symptoms and undermined their treatment adherence.

> Whenever I drink, things spiral out of control. Alcohol always makes me forget my medication, and before I know it, I'm back in the hospital. (Participant 6)

> I used drugs to escape my feelings, but it only led me to relapse. It's a vicious cycle. (Participant 12)

Subtheme 2.3: Social Isolation

Participants frequently mentioned the absence of social networks and the pervasive sense of isolation. Many described how loneliness heightened their vulnerability to relapse, as the lack of supportive relationships led to emotional withdrawal and non-adherence to treatment. The following quotes highlight the severity of this issue:

> When I'm alone for too long, oh! … it's terrible… I start feeling hopeless, and that's when I relapse. (Participant 7)

Another participant echoed this sentiment:

> Not having friends or a support system makes it harder to deal with everything. The loneliness just makes things worse. (Participant 5)

Theme 3: Cultural Beliefs and Perceptions of Mental Illness

Participants emphasized the powerful role of cultural beliefs and perceptions in shaping their understanding and management of bipolar disorder. These cultural influences often impacted their attitudes toward treatment, with a reliance on traditional and spiritual practices, community stigma, and a preference for alternative treatments affecting their decisions.

Subtheme 3.1: Traditional and Spiritual Beliefs

Many participants described how traditional and spiritual beliefs played a pivotal role in their mental health journey. Some attributed their condition to witchcraft or spiritual causes, leading them to seek help from spiritual healers or traditional practitioners instead of medical professionals.

> In my village, people believe that mental illness is caused by witchcraft, so my family took me to a spiritual healer first before considering the hospital. (Participant 2)

Echoing this, another participant shared:

> I thought my condition was a curse, so I didn't see the need for medication at first. It took a long time before I accepted medical treatment. (Participant 6)

Subtheme 3.2: Stigma in the Community

Cultural stigma surrounding mental illness was a major concern for participants. Many reported feelings judged or ostracized by their communities, which discouraged them from seeking medical help or staying committed to treatment.

> In my community, mental illness is seen as shameful. People avoid me because they think I'm possessed or dangerous, which makes it hard to follow my treatment. (Participant 5)

Another participant similarly remarked:

> The stigma is so bad that people hide their illness, and they refuse to get proper treatment because they don't want to be labeled as 'mad.' (Participant 9)

Subtheme 3.3: Belief in Alternative Treatments

A strong preference for traditional medicine over psychiatric care was evident among some participants. Many expressed more trust in herbal remedies or spiritual interventions than in conventional medical treatments, often leading to delays in seeking psychiatric help or non-compliance with prescribed medication.

> I've always believed in herbal medicine, so I was hesitant to take the pills. I thought the traditional remedies would heal me. (Participant 11)

Another participant added:

> My family pushed me to see a traditional healer because they don't trust hospitals. It wasn't until things got worse that I went to Butabika. (Participant 3)

Theme 4: Economic and Financial Challenges

Participants highlighted the significant economic and financial challenges they face in managing bipolar disorder. These obstacles, such as the high cost of treatment and the impact of poverty, were seen as key contributors to relapse.

Subtheme 4.1: Cost of Treatment

Many participants expressed that the financial burden of regular psychiatric care and medication was overwhelming for themselves and their families. The high cost often led to inconsistent treatment, which further increased the risk of relapse.

> The medication is expensive, and I can't afford to buy it every month. When I run out, I go without it, and that's when I relapse. (Participant 4)

Another participant echoed this, stating:

> It's not just the cost of the drugs, but also the travel expenses to the hospital. Sometimes I skip appointments because I don't have enough money. (Participant 8)

Subtheme 4.2: Poverty as a Relapse Factor

Participants linked their socioeconomic status to higher relapse rates, noting that poverty exacerbated the stress of living with bipolar disorder. Financial instability made it difficult to maintain treatment adherence, leading to more frequent relapses.

> When you don't have enough money to even feed yourself, taking care of your mental health becomes impossible. That's why I keep relapsing. (Participant 10)

Another participant added:

> Poverty adds to the stress and makes it harder to stay on treatment. Without money, you feel helpless, and that only makes things worse. (Participant 3)

Subtheme 4.3 Unemployment

Participants also linked their rates of relapse t unemployment, they stressed that employers do not want to employ them because of their condition which leads to poverty, stress, and eventually relapses.

one participant stressed that

> People don't give me jobs because they fear me….

Theme 5: Coping Mechanisms and Self-Management

Participants discussed a variety of coping mechanisms and self-management techniques they used to navigate the challenges of living with bipolar disorder. These strategies were often categorized into adaptive and maladaptive approaches, along with the role of psychoeducation and therapy in supporting their mental health journey.

Subtheme 5.1: Use of Coping Strategies

Participants described their use of both adaptive and maladaptive coping strategies. Some utilized avoidance or denial to manage their symptoms, while others engaged in healthier, more constructive approaches.

> Sometimes I just avoid thinking about my condition, hoping it'll go away on its own, but that usually makes things worse. (Participant 12)

In contrast, another participant shared a more adaptive approach:

> I've learned to manage my stress by keeping a routine and staying active, which helps prevent me from spiraling. (Participant 8)

Subtheme 5.2: Psychoeducation and Self-Awareness

Many participants highlighted the importance of psychoeducation and self-awareness in their ability to manage bipolar disorder. Being informed about the condition and recognizing early warning signs of relapse were key aspects of effective self-management.

> Learning about bipolar has helped me understand the triggers. Now, I can tell when I'm starting to relapse and take steps to prevent it. (Participant 4)

Another participant echoed this sentiment:

> Knowing more about my disorder has made me more aware of how to manage it. Before, I had no idea what was happening to me. (Participant 6)

Subtheme 5.3: Role of Therapy

Therapeutic interventions, including counseling and other forms of therapy, were considered vital for relapse prevention. Participants emphasized the positive impact of regular therapy in helping them process emotions, develop coping mechanisms, and stay on track with treatment.

> Counseling has been a lifesaver. It's where I learn strategies to handle the ups and downs. (Participant 7)

Another participant added:

> Without therapy, I wouldn't be able to manage as well as I do. It's given me the tools to understand my illness and stay in control. (Participant 3)

Subtheme 5.4: Supportive Family and Friends

Participants universally acknowledged the vital role that family and friends play in managing bipolar disorder. This support often included both practical help and emotional encouragement. The following excerpts show the varied ways in which participants experience this support:

> One participant highlighted the crucial role of his father's involvement, explaining that his father's consistent support extends far beyond simply providing transportation. He emphasized that this support is a vital lifeline in his treatment journey, saying, My father is supportive; he always brings me to the hospital. Participant P6

Echoing this sentiment, another participant emphasized the multifaceted support she receives from her family, noting,

> My family provides food and prays for me. My mother helps me to manage my stress. (Participant P7).

> Another participant highlighted the role of family support: My mama helps me to manage my stress. Participant P10

These observations collectively highlight the profound impact of having a reliable and supportive network of loved ones. Such a support system is essential for effectively managing the complexities and challenges associated with BD.

Discussion

The aim of the study was to explore the factors contributing to relapse in bipolar disorder patients at Butabika National Referral Mental Hospital, Uganda. Thematic analysis revealed five major themes: treatment adherence and compliance, psychosocial factors, cultural beliefs, economic challenges, and coping mechanisms. Psychosocial stressors like life events, social isolation, and stigma were also significant contributors to relapse. Additionally, cultural beliefs in traditional healing and economic hardships further complicated treatment adherence, while supportive social networks and psychoeducation emerged as critical coping mechanisms. These findings highlight the multifaceted challenges in managing bipolar disorder, particularly the role of external and internal factors in relapse.

One of the most prominent themes emerging from our study was treatment adherence, with medication non-adherence significantly contributing to relapse. This was driven by factors such as side effects, forgetfulness, and financial constraints. Many patients reported reluctance to continue their prescribed treatment due to the discomfort caused by medication side effects, a finding consistent with existing literature that highlights the challenge of managing bipolar disorder amidst such barriers.[20] Forgetfulness, particularly among patients lacking structured routines or support systems, was another key issue. Financial difficulties further complicated adherence, as patients often struggled to afford both medications and hospital visits. This reflects similar findings from other studies that identify cost-related factors as a common barrier to adherence.[21] In light of these challenges, healthcare providers should focus on managing side effects more effectively, possibly by offering alternative treatments with fewer adverse effects or providing clearer information about potential side effects to enhance adherence.

The study underscores the significant impact of stigma and traditional beliefs on the experiences of individuals with bipolar disorder in Uganda, where stigma leads to social exclusion and delayed treatment. Patients often perceive mental illness as a result of supernatural causes like witchcraft, prompting them to seek help from traditional healers instead of mental health professionals, which further delays appropriate care. This study reflects the findings from other studies that evidence the role of stigma and cultural beliefs in contributing to relapse in bipolar patients.[22] To address these challenges, a multi-faceted approach is crucial, including public awareness campaigns to reframe bipolar disorder as a medical condition, integrating mental health education into community programs, and training healthcare providers in culturally sensitive communication. These measures can foster understanding, improve trust, and encourage timely

engagement with formal healthcare services. Additionally, incorporating traditional healers into the mental health framework could enhance access to care and support for patients.

Psychosocial stressors, including stressful life events, social isolation, and stigma, were identified as significant contributors to relapse in bipolar disorder patients. Stressful events, such as the loss of a loved one or family conflicts, often triggered relapse, supporting findings from previous research that emphasizes the role of life stressors in exacerbating bipolar disorder.[23] Social isolation and stigma further intensified these challenges, negatively impacting patients' emotional and mental well-being. This aligns with studies showing that stigma and a lack of social support hinder treatment outcomes and contribute to relapse.[23] These findings suggest the need for integrated care models that address both the psychological and social needs of patients to provide comprehensive support and mitigate the impact of these stressors.

Cultural beliefs in traditional healing practices often conflicted with modern medical treatment, leading to inconsistent medication use and relapse. Many patients discontinued their medications in favor of traditional healing methods, reflecting findings from studies that emphasize the challenge of integrating culturally sensitive practices with conventional medical care.[24] These conflicting beliefs complicated the treatment process, resulting in patients alternating between traditional and medical treatments, ultimately increasing the risk of relapse. The implications suggest that healthcare providers should be trained to understand and respect cultural beliefs while promoting adherence to medical treatment. Engaging with traditional healers and integrating their practices into treatment plans, where appropriate, may improve adherence and reduce the likelihood of relapse.

Economic challenges, such as unemployment and transportation costs, significantly impacted patients' ability to access and adhere to treatment. Financial strain was a recurring barrier, leading to interruptions in care and increased relapse rates. This finding aligns with other research that highlights the financial difficulties faced by patients with mental health conditions.[25] Economic hardships made it difficult for patients to afford medications and attend regular hospital visits, contributing to the risk of relapse. The implications suggest that implementing financial assistance programs for medications and transportation could alleviate economic barriers and enhance treatment adherence, ultimately reducing relapse rates.

Our study identified supportive social networks and psychoeducation as critical coping mechanisms. Patients with strong social support and access to psychoeducation were better equipped to manage their condition and reduce the risk of relapse. This finding aligns with research highlighting the positive impact of social support and psychoeducation in managing bipolar disorder.[26] These networks and educational programs provided patients with tools to recognize early warning signs of relapse and take preventive measures. The implications for clinical practice include strengthening support networks, involving family, friends, and peer groups, as well as encouraging patients to actively engage with these systems. This can offer both emotional and practical support, essential for relapse prevention.

Limitations of the Study

The study was conducted with a small sample size, which constrains its generalizability to diverse contexts. Additionally, the research relied on self-reported data, which is susceptible to bias, as participants may present themselves in a subjective and socially desirable manner.

Conclusion

Addressing medication adherence, psychosocial stressors, cultural beliefs, and economic barriers through a holistic approach integrating medical treatment with psychoeducation and support systems is essential for improving patient outcomes and reducing relapse rates in this setting, this can be done through initiating community-based programs on mental health tailored on culturally sensitive approaches and partnering with traditional healers to address the barriers.

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Author Contributions

All authors made significant contributions to the conception and design, acquisition of data or analysis and interpretation of data; took part in drafting the article or revising it critically for vital knowledgeable content; accepted to submit it to the current journal; gave ultimate approval for the version to be published; and agreed to be responsible for all aspects of work.

Disclosure

The authors report no conflicts of interest in this work.

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