

Bipolar Disorder and Mental Health Justice: A Decolonial Reflection for World Bipolar Day

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World Bipolar Day offers an opportunity not only to raise awareness about a complex mood condition, but also to reflect on the wider conditions that shape vulnerability, stigma, and access to care. For many people living with bipolar disorder, as well as their families and communities, the day is not simply about information. It is about recognising the human realities behind the diagnosis and the shared responsibility to build systems of care that make healing possible.

Healing begins when suffering is understood not only as an individual experience, but as something shaped by relationships, environments, and the social conditions in which people live and survive.

In my work as a clinical psychologist, I often find myself engaged in what I think of as *clinical witnessing*, sitting alongside people whose suffering cannot be understood through diagnosis alone. The distress that appears in the therapy room rarely belongs only to the individual. It is often intertwined with the relationships, environments, and social conditions shaping a person's life. Yet alongside this suffering there is also remarkable courage, people continuing to seek connection, meaning, and dignity even while navigating profound emotional upheaval.

Bipolar disorder is often reduced in public conversation to 'mood swings,' yet it is a serious neurobiological mood disorder involving profound shifts in energy, sleep, cognition, and emotional regulation. These shifts can shape a person's relationships, sense of stability, and ability to navigate daily life.

Globally, bipolar disorder is estimated to affect around two to three percent of the population (World Health Organization, 2022). In South Africa many people remain undiagnosed or without access to consistent mental health care. Epidemiological research in South Africa suggests that approximately seventy five percent of people living with mental health conditions do not receive treatment, reflecting significant structural barriers to care (Herman et al., 2009; World Health Organization, 2022).

Research also shows that suicide risk among people living with bipolar disorder is extremely high, with up to half attempting suicide at least once and between fifteen and twenty percent dying by suicide (Dong et al., 2020). When risk is this high, our questions cannot only interrogate symptoms; they must also ask: *what conditions make survival so difficult?*

In South Africa many people living with bipolar disorder navigate lives shaped by impoverishment, gender-based violence, family disruption, substance exposure, and limited access to mental health services. Emotional distress often unfolds within contexts of economic precarity, social fragmentation,

and communities still living with inequalities shaped by colonialism and apartheid (Sorsdahl, Stein, & Lund, 2023). As Jennifer Mullan (2023) highlights, many forms of psychological suffering can be understood as responses to *colonial wounds*, *i.e.*, the ongoing social, historical, and structural harms carried across generations.

A decolonial perspective invites us to *widen the frame*. Nervous systems are not only biological organs of regulation. They are also shaped by the social and historical conditions in which people live and survive. As Frantz Fanon (1967) observed, histories of violence do not remain in the past; they become inscribed in bodies and psyches.

Seen through this lens, the questions we ask in mental health care begin to shift. Instead of locating distress and *symptomology* within the individual, we begin to ask what experiences, relationships, and structural violences have shaped the suffering a person carries? Therapeutic work becomes more than symptom management. It involves *accompaniment*, walking alongside people as they make sense of their pain within family, community, and the broader forces shaping their lives (Bulhan, 1985).

In many African philosophical traditions, wellbeing is understood through the ethic of Ubuntu: *I am because we are*. From this perspective mental health is never purely individual. It is shaped through relationships, communities, and the conditions in which people are able or *unable to live* with dignity.

Healing therefore is political. Awareness matters, but lives are protected when awareness becomes collective care, solidarity, and systems that make healing possible. The task before us cannot be confined to treatment in therapy rooms. It must also include transformative social and economic justice, and an ongoing interrogation of the historical and structural conditions that make survival so difficult for so many

Support Resources in South Africa

- South African Depression and Anxiety Group (SADAG) Suicide Crisis Line: 0800 567 567
- Lifeline South Africa: 0861 322 322
- Emergency services: 10111

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