YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
MASTER OF PUBLIC ADMINISTRATION PROGRAMME

THE STUDY OF QUALITY OF LIFE IN MENTAL HEALTH PATIENTS

(CASE STUDY: MENTAL HEALTH WARD AT NO. (1) DEFENCE SERVICES GENERAL HOSPITAL (1000- BEDDED), MINGALADON)

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EMPA – 43 (19th BATCH)

JULY, 2024

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THE STUDY OF QUALITY OF LIFE IN MENTAL HEALTH PATIENTS (CASE STUDY: MENTAL HEALTH WARD AT NO (1) DSGH (1000) BEDDED, MINGALADON)

A thesis submitted as a partial fulfillment towards the requirement for the degree of Master of Public Administration (MPA)

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This is to certify that this thesis entitled "**The Study of Quality of Life in Mental Health Patients (Case study: Mental health ward at No (1) DSGH (1000) Bedded, Mingaladon)"** submitted in partial fulfillment towards the requirements for the degree of Master of Public Administration has been accepted by the Board of Examiners.

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ABSTRACT

The study analyzes the quality of life in the mental health patients in Psychiatric Ward No (1) Defence Services General Hospital (1000-Bedded), Mingaladon. The (75) respondents are involving in the study. Data is collected with using administered questionnaire and analyzed by SPSS version (23.0). It is it is found that mental illness persons are facing the physical related problems such as daily physical activity, nutrition, religious practice, sleeping pattern and regular routine activity. Today, mental health patients are still on required the quality of life because of there was stigma and discrimination in the community. It is suggest that the health care provider should provide the psycho education to mental illness persons and develop the self-esteem, positive aspect in their daily life.

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LIST OF ABBREVIATIONS

DSGH	Defence Services General Hospital
HRQOL	Health Related Quality of Life
IC	Integrated Care
MOH	Ministry Of Health
MOHS	Ministry of Health & Sports
NGOs	Non-Government Organizations
PTSD	Post Traumatic Stress Disorder
QOL	Quality of Life
WHO	World Health Organization
WHOQOL	World Health Organization Quality of Life

CHAPTER I
INTRODUCTION

1.1 Rationale of the Study

There is “no health without mental health”; decrease mental health condition is a risk factor for other physical diseases, a combine with of many physical health diseases and follows with the care of occurring diseases. Other physically and chronic diseases condition may be effect on the mental health problems. World Health Organization (WHO) explore that the essential role of mental health is gaining the in general health and mental health along with combine in population health. Mental health is linked with the happiness, pleased, satisfaction, attaining, positive view, or hope. Mental healthy person is gaining the life satisfaction, well-being and production in their life. Therefore, mental health person may achieve the life with quality. On the other hand, mental health disorders are effect on daily the psycho, social and environment condition. Therefore, the quality of life is one important factor for the mental health process. Mental illness patients are changes in behavioral or psychological form of an individual that causes significant changes in mind and body dual mechanism, poor quality in executive daily functioning, and impaired quality of life in anywhere. It is well not results in social norms due to underlying bio psychological dysfunction and disagrees with society (Kessler et al, 2005). Mental health disorder term can be used to analyze a variety of mental illness problems characterized by mental changes, changes in behavior, or emotional distress that may be impact on the daily routine duty, executive life change, and quality of life may be suffering from many factors. Mental illness persons are especially increase in people who are suffering in disabilities and poor the quality of life due to mental health problems. They are severe depression and a variety of anxiety, stigma and poor self-esteem (Semira, Yacob, Bedilu & Tomas, 2023). In that case mental illness person can suffering the low quality of life.

In globally, there is an increasing the mental health problems and disability is mostly caused by mental health disorders. The other primary causes are also ‘related

with such as non-communicable diseases and injuries, psychiatric disorders disability lived with burden in family. Depression, anxiety disorders, schizophrenia, and bipolar disorder are common problems of mental illness and it may become the poor quality of life (Alonso, Chatterji & He, 2013). Moreover, patient's experiences with mental illnesses problems may encounter with a lower quality of life other general population. Because mental illness persons are difficult in their life such as accomplish many of their daily routine tasks, poor in their level of independence and lack of low self-confidence and self-esteem. In addition, living with mental health patient is reducing the quality of life due to the result of disturbance in bio, psycho and social domain etc. Quality of life is the important factor for the mental health patient.

Moreover, several of mental health disorders may cause poor daily function, changes in behavior and poor in socially with the community which can significantly interfere with daily life activities, worse in effect on health outcomes, and have a major impact on patients' quality of life. Most of Mental health patient has reduced the quality of life because of the low self-esteem and there are suffering from the mental health problems. Alonso, J. et el (2009) stated that most of mental illness persons with experiences with in difficult for them to accomplish many of their routine daily tasks, decrease in person's self-autonomy and may become poor self-confidence and self-esteem.

QOL may be aware of it as an essential part of in the modern psychiatric aspect; most of research related with patient's impact and co-occurrence with mental disorders are still in the early stages (Semira, Yacob, Reta & Meskerem, 2023). There is no previous study about the quality of life the mental health patient in the mental health care setting. Therefore, measuring quality of life for people with severe mental illness identified that the most commonly assessment of domains are related job or work, health, leisure, living situation, and relationships with others (Mayer, 2000). This study is exploring quality of life related with the patient experiencing with mental health problem. The current study is to examine the quality of life domains that are important for the patient with mental health problems who are admission in mental health hospitalization in the hospital. Moreover, this QOL questionnaire tool is a validated and reliable questionnaire that measures an individual's physical, psychological, level of independence, social relationship, environment, and personal belief domains. It consists of a set of questionnaire that warps various perspective of

quality of life, such as physical health, emotional well-being, social support, and all over satisfaction with life. The purpose of this study will find out the gap the mental illness person commonly obtained of accessible variables, especially in demographic data and other parameters of mental illness person who are assessment of QOL with mental illness admission at No (1) DSGH (1000-bedded), in Mental Health Ward. It was the considering of the partial fulfillment for the academic purpose and to awareness of mental health related quality of life measures for people with mental health problems with patient.

1.2 Objective of the Study

The study aims to describe the current situation of mental health patient and examine the quality of life for the mental illness patients who are admission in Psychiatric Ward, No (1) Defence Services General Hospital (1000-Bedded), Mingaladon.

1.3 Method of Study

The study used the descriptive statistics method based on primary data and secondary data. Primary data is collected with the self-administer questionnaire from mental illness patient admitted in psychiatric ward, No.(1) Defence Services General Hospital (1000 - Bedded), Yangon. Secondary data obtained relevant information from Defence Services Medical Academy library, Military Institute of Nursing and Paramedical Science library, scholarly papers and other related internet websites.

1.4 Scope and Limitations of the Study

The study is focused on 75 mental illness patients for conducting survey. All of the patients were wiliness to participate in the study and mentally unfit patients are not involved in the study. The study period was from February 2024 to June 2024. The study is only focus on quality of life of the mental illness patient who are reduce the symptoms who are admitted in the psychiatric ward, No. (1) Defence Services General Hospital (1000-Bedded), Mingaladon.

1.5 Organization of the Study

This survey is contained into five chapters where chapter (1) express as introduction involved with rationale of the study, objectives of the study, method of study, scope and limitation of the study, and the organization of the study. Chapter (2) is literature review of the survey. Chapter (3) represents of overview of mental health care system in Myanmar. Chapter (4) analyzes the collected survey data. Finally, chapter (5) is conclusion including the findings and suggestions.

CHAPTER II
LITERATURE REVIEW

This chapter discovers the literature review on mental health and illness definition and importance of mental health symptoms, theories of quality of life and factors influencing affection on the quality of life in mental illness patient who are admission in the Psychiatric health ward at No (1) DSGH (1000- Bedded) in Mingaladon.

2.1 Mental Health Definition and Quality of Life

Personal perspective and conduct about the quality of life might be impacted by mental health. They are connected to both quality of life and mental health. A person in good mental health is able to reach their own potential, manage life's stressors, work productively, and achieve the positive effect in the community. Furthermore, mental health is essential to human thought, emotion, social interaction, and the ability to get by in day-to-day living on both a collective and individual level. Several researchers have attempted to investigate the idea of mental health, which frequently deals with different facets of an individual's functioning.

Maslow (1970) highlighted the crucial role of an individual's motivation in continuing to seek of self-actualization in all of them. Mental health has been explained by the American Psychiatric Association (APA, 2003) as "a state of being that is situational rather than absolute." As a result, everyone is capable of successfully adjusting to pressure from either their inter or external environment, as demonstrated by belief, emotions, and actions that are consistent with social standards and age-appropriate (Towsend, 2014)

However, considered by the contain of mental health in the Sustainable Development Goals (WHO), there is slightly growing be aware of in recent years of the essential role in mental health plays in accomplishing of Sustainable Development Goal. The common mental disorder is the major depressive disorder. The common cause of completed suicide rate was between aged 15 to 29 years. Mental illness

condition was the preventable condition in pass away up to two decades earlier (WHO, 2022). Patient experiences with mental health disorders frequently face problems with human rights violations, discrimination, and stigma, notwithstanding development in some nations. Therefore, people with suffering of mental illness problem may lead to decline the quality of life and patients are readily not able to their everyday actions, attitudes, and alter thought processes. However, one of the significant aspects of an individual's existence is their quality of life.

Education, a healthy work-life balance, interpersonal relationships, infrastructure and services, and everyone's access to cultural and recreational activities are all potential indicators of a high quality of life. Individuals' or most people's subjective sense of well-being is known as quality of QOL. The world Health Organization explored quality of life as "people's perceptions of where they are in life in relation to their goals, expectations, standards, and concerns, as well as the culture and value systems in which they live" (2012). Although it can't be precisely defined or measured by living standards, quality of life is an intangible. There are two categories of components: psychological and physical. The physical perspective covered topics like nutrition, health, and defense against illness and suffering. Contrarily, stress, anxiety, enjoyment, and other good and negative emotional states make up the psychological side. For millennia, people have been concerned about the mental health of those who are mentally ill.

The primary goal of using the QOL concept in the medical industry is to determine whether a given treatment just reduces symptoms or also enhances the patient's subjective well-being. Only in the last 20 years has professional attention been drawn to the find out the quality of life (QOL) and the emphasis on patients' subjective feeling of well-being (Chaudhary, Das, Murthy, Diwan, Patil & Jagtap. 2018). In the past, the mission of the medical profession was to treat acute illnesses; chronic illnesses and long-term disability management received less attention. But these days, the trend has changed. When there is no hope for a cure, life's virtues become crucial. The illnesses that are manageable and the purpose are to preserve the patient's maximum functional capacity and meaningful life, or quality of life. In that case, a key idea in mental health is quality of life. Many mental illnesses are hard to treat, and in order to get people back into the mainstream, it's important to focus on enhancing their quality of life. In addition, the concept of quality of life is often used to evaluate one person's daily performance for mental well-being condition.

2.2 Concept of Common Diseases in Mental Illness effect on Quality of Life

The quality of life and the mental health well-being condition are interrelated with each other. The main causes of mental illness conditions have an impact on one's quality of life. The quality of life and common mental health disorder characterized, contribution factors and symptoms are listed in below.

2.2.1 Anxiety Disorder

WHO stated that there was 58 million children and adolescents suffered from an anxiety condition and all of 301 million people in 2022 years. The core symptoms are intense worry and fear, life along with may be behavioral abnormalities and are features of anxiety disorders. Severe symptoms that cause substantial distress or impair executive functioning are evident. Their poor environment adaptability and constant worry and anxiety have led them to suffer in life. Anxiety disorders become in a variety condition of the patient. It can be divided into four categories: separation anxiety disorder (fear of separation from used to home or excessive fear or anxiety separated from a significant other or attachment person), anxiety disorder (characterized by excessive worry without any condition), panic disorder (marked by panic attacks due to unpleasant condition), and social anxiety disorder (defined by excessive fear and worry any relationship with the socially community). Moreover, there was associated with obsessive-compulsive disorder (OCD): it has recurring thought and repetitive behavior. The patients with anxiety disorder may experiences with poor in quality of life," "impairment," and "disability. As a result, anxiety disorders have a substantial impact on functioning, productivity at work, and relationships with family, friends, and coworkers.

2.2.2 Major Depressive Disorder

All of 280 million people were children and adolescents and all of them 23 million—were experiences with depression in 2020. Moreover, patients getting with alter mood and sudden emotional reactions to everyday obstacles are not the same as depression (Mental Health Atalas, 2020). The majorities of depressive disorder symptoms are affecting in people over 40 and are brought on by challenging life events. Due to the negative effect it has on quality of life, major depressive illness is worse than many chronic illnesses (Hays et al. 1995). When a person has depressive illness, they feel down most of the time, almost every day, for at least two weeks.

They may also low interest in activities or have a gloomy mood, feeling empty, irritated, and mourning. Other related common manifestation may include poor concentrating, excessive guilty feeling or poor self-worth, hopelessness and helplessness regarding for the future, suicidal ideation or thoughts that result in complete suicide, disturbed sleep, alterations to appetite or weight gain or loss, and feeling particularly exhausted or low on energy. People with severe depression are focusing more on their poor state of life and executive function. A patient with severe depression may have a higher chance of attempting and completing suicide. Depressive patient experiences with poor perception of physically, emotional and poor functional well-being in life.

2.2.3 Bipolar Mood Disorder

Bipolar mood disorder is a mental illness condition that makes the abnormal changes in a person's emotion (Low or High), energy in daily activity level, and poor focusing any executive functions. It was formerly known as depressive-manic period illness or bipolar (effective) mood disorder (National Institute of Mental Health, 2021). Mood disorder, patients may go through long periods of intense joy, intense grief, or both. The activity of daily living can become challenging to do during these disturbance period. There are three of mainly mood situation exist. There mood swing noticeable situation are changes in low or alleviate mood, decrease or increase energy, and increase or decrease of activity levels in categories. These mood swings include manic episodes, which are characterized by excessively "upper swing" moments of agitated, joyful, or energetic behavior, and depressive episodes, which are characterized by extremely "slow down" periods of sadness, indifference, or hopelessness. Manic episodes can be less severe than hypomanic ones. Then, patients with mood disorders report a worse quality of life, more frequent relapses of mood symptoms like impulsivity, increased cognitive impairment, and enduring psychotic and depressive symptoms (Victor et al, 2011).

2.2.4 Schizophrenia

Approximately 24 million suffer from schizophrenia and in them, 1 in 300 people globally, suffer from schizophrenia. Individuals with schizophrenia typically live 10–20 years less than the general population. Signs and symptoms of

schizophrenia include severe impairments in perception, thoughts and behavior. The main symptoms are hallucination, persistent delusions, disorganized speech, and disorganized behavior and poor social function. Schizophrenia suffering patient may also struggle with cognitive functioning over time. A variety of effective treatment options are available, including medication, psycho-education, family interventions, and psychosocial rehabilitation. The daily problems that a patient with schizophrenia faces, as well as their activities, are caused by a decline in cognitive impairment and daily bothersome symptoms (antisocial behavior). Chronic patients may be face with a lack of drive, disinterest in or discomfort with everyday tasks, social withdraw, emotional dysphoria, and difficulties performing daily activities. As a result, they can have a very poor quality of life, which could lead to physical difficulties.

2.2.5 Post Traumatic Stress Disorder (PTSD)

In environments where there is exposed with traumatic event and cannot effectively management may appear the high prevalence of PTSD and other stress related mental disorders. After being experiences of a highly dangerous or crisis incident condition a sequence of events may lead to PTSD. It is characterized by all of the following: persistent feelings of increased threat from oneself; intrusive recurrent memory of traumatic happening or events in the present (intrusive memory, distressing dreams, or bad dreams); avoiding distressing memory or felling and memories of the event; and staying away from situations, people, or behaviors that bring up memories of the event. PTSD patients may experience problems with relationships, poor job satisfaction, and loss of interest in everyday activities. These symptoms implicated on delay functioning and last for at least one or two weeks. Therefore, effective community mental health care need for the patients and may involve in participation on improving for quality of life.

2.3 Concept of Quality of Life Living with Mental Illness Patient

The term of quality of life and health–related quality of life (HRQOL) are using in interchangeably. The concept of quality of life, or QOL, refers to an individual's level of happiness regarding their physical and mental health well-being as well as their views, social interactions, and connections to significant environmental elements like housing, security, access to healthcare, recreational activities, and infrastructure. Furthermore, a person's quality of life (QOL) can be

defined as their perceived condition of physical, mental, and social well-being as well as their degree of functioning in day-to-day living. In health professional, quality of life (QOL) is an essential index for improvement of health care.

HRQOL can also be used to assess an illness suffering person's overall health, the severity of their condition, the efficiency of their treatment plan, their satisfaction with their healthcare practitioner, and the cost of a certain intervention. Mental illness person with mental illness have a poor quality of life than the in general population, according to Front Public Health (2023). This is because their sickness makes it harder for them to carry out daily tasks, which diminishes their independence and, consequently, their self-worth and confidence domains.

Globally, prevalence data show that people with severe mental illnesses have a lower quality of life than among the population. A lower percentage of mental illness patients in Germany—34 percent—had lower quality of life than the European population as a whole (Alemu, Due, Cochrene, Mwanri, Azale & Anna, 2023. In that instance, people with mental diseases may experience functional incapacity and substantial disturbance with their quality of life. They have a stigmatizing effect on their lives and a negative impact on daily activities.

2.4 Concept of Quality of Life Assessment in Mental Illness Patient

Since there isn't an ideal definition of quality of life that is accepted by everyone, defining the notion was the first stage in creating the World Health Organization's definition. It's a broad concept that deeply connects a person's physical and mental health, level of independence, social relationships, personal beliefs, and engagement with key aspects of their environment. According to this definition, quality of life is an opinion that is influenced by cultural, community standard, and environmental conditions. For example, quality of life cannot be adequately described by using terms like "health status," "life style," "life satisfaction," "mental state," or "well-being." The WHOQOL is attention on the "perceived" standard of living of the respondents, it is not expected to measure symptoms, conditions, or disabilities as objectively judged; rather, it is expected to measure how an person's quality of life is perceived to be affected by illness and health interventions. As a result, the WHOQOL is an evaluation of a complex idea that includes the person's impression of their psychological, health, and other areas of their lives. QOL is derived from the illness person's assessment of the effects of their

illness. WHO guidelines state that there is an impact on many aspects of quality of life.

There are numerous scholarly studies, clinical symptoms and quality of life is quickly becoming an accepted means to measure outcomes. Numerous elements are taken into account while assessing person’s quality of life, including one's physical and physiological health, social connections, functional duties, and psychological level of lifestyle satisfaction. The idea of quality of life is extensive and encompasses many different areas, such as the family, social, psychological, physical, and environmental domains. The overall impact of a patient's sickness on their life is represented by all of these domains. Therefore, QOL has been contributing to an individual’s perception of people’s wellbeing, health, and life satisfaction.

Determining the role of quality of life in mental diseases has been especially interesting in the domains of mental illness patients. This understanding can be applied to the building of public health services in the field of healthcare. The majority of studies has focused on evaluating the quality of life impact on mental health conditions such as schizophrenia, depression, and anxiety disorders, as well as general health and the factors that influence people's decision to accept the role of QOL for mental health care services in their lives (Gozalnd, C., Hernanzad, F., Roger, M., Paloma, R., & Antonio, C., 2018). In that case, seeking out how to improve health care services in a particular setting involves assessing quality of life using the WHOQOL questionnaire. The main goals in creating this questionnaire were to make it simple to use, align with the values and goals of the consumer, and gather relevant data.

2.5 World Health Organization’s Quality of Life

The QOL Questionnaire is a broad questionnaire covering a wide range of personal life qualities. Before assessing a person's quality of life, it is assessment the range of socio-demographic questions to obtain high quality data and some information. When developing an assessment of quality of life questionnaire, there is important to consider the following six domains are involved.

2.5.1 Physical Domain

Perhaps the components in this state are exhaustion and energy, sleep and rest, and pain and discomfort. In that instance, a person's experience of unpleasant and

painful feelings may have an effect on their quality of life. However, the individual misses motivation and muscle tone on a daily basis. This effect may result in poor everyday living and weariness in social interactions. A person's ability to relax depends on getting enough sleep and rest. Having trouble falling asleep or getting up early in the morning could negatively affect one's quality of life. Then, relaxation and sleep have an impact on living in the physical realm.

2.5.2 Psychological Domain

This domain includes thoughts, learning, memory and focus, positive feelings, self-esteem, regard for one's body and appearance, and negative feelings as the final component. Contentment, balance, peace, happiness, hopefulness, joy, and enjoying life's small pleasures are examples of pleasant emotions. The more upbeat emotion was equated with a higher standard of living. The ability to think, learns, remember, and concentrate helps a person make decisions and exercise judgment in any scenario involving their memory. A person's perception of value is largely dependent on their level of self-esteem. This component is the sense of control, self-efficacy, and self-satisfaction. One person's perception of their own body is reflected in their look and body image. A person's awareness of their own general appearance and own body image can be either good or negative. Positive perception is when a person is satisfied with their body, and negative perception is when a person is not satisfied with themselves. The negative feelings that the person feels include hopelessness, guilt, melancholy, crying, despair, uneasiness, worry, and a lack of enjoyment in life. A person with negative feelings may have an impact on their daily living conditions.

2.5.3 Level of Independence Domain

In this domain, contain with the ambulatory, daily living conditions, dependence on prescribed drugs or treatment regime and working capacity. In the mobility component, the person moves from around the working enviroment, or to and from transportation service. Poor mobility person may feel with the feeling of distress in the daily life and therefore, freely mobility is the essential part for the any person. In the component of the activity of daily living, this is the person can be performing of daily executive functions for the self-care and daily routine function. The person does not need to help form other may be independence of mobility. On the other hand, the assistance needed person may be effect on the activity of daily living.

A person who relies on medications or treatments for their own physical well-being is said to be dependent on them. Taking medication or receiving therapy on a frequent schedule may have negative effects on one's quality of life and it may negative effects from the drugs or treatment procedures. The person's usage of their entire potential for energy at work makes up the final element of working capacity. People work on any task for any job, regardless of the activity (Sartorius, N. & Helmchen, H. 1981). When someone performs to the best of their ability at work, their quality of life improves; when they perform unfavorably their quality of life declines on a daily basis.

2.5.4 Social Relationship Domain

Sexual activity, social support, and interpersonal relationships were all included in this domain. One of the most significant things in life for a human is their personal relationships. Then, a human being is a friendship, a love, a desire to form social relationships with other people. A person can express to another how they are feeling about a happy or unpleasant life experience. Relations with others are so crucial to a high quality of life. Additionally, social support is provided by others in the form of emotional or physical assistance. In addition, friends and family have the responsibility of working together to solve problems and contribute to happiness. The personal desire or urgent need for private sex with someone of the opposing sex is the final element of sexual activity. Engaging in sexual activity reduces stress levels. The individual for the life is the sexual behavior.

2.5.5 Environment Domain

In this domain, there is environment safety and security, house environment condition, financial supports, regular taking of health care, Opportunities for acquiring new information and proficiency, Participation in and chance for recreation and leisure, safe in environment, and well in transportation. All of them, enviroment safety and security is the person free from the thread from the danger. In that case, everyone wants to be live in the safe and security place. In the Maslow’s theory, in that everyone needed to safe with emotional security, financial security and wellbeing (Saul, M. 2024). In that case, everyone wants to be safe and security in his or her life. In the home and environment is the essential part fort human living place in life. People needed to be live with comfortable daily living and privacy in living place. On the other hand, the health care access is the important factors human being. Easily

health care accept nearly is the helpful for the personal wellbeing. One person's chance and want to learn new skills, obtain new knowledge, and feel in touch is can be any person is able to new learning and improvement of new skill achieved. New learning and new knowledge easily accept is can achieved the quality of life. The person’s ability to leisure moments, recreation opportunity facts are the part of the quality of life and it can be reduce the person’s stress and tension. Therefore, this domain is the important part and can be measure in the quality of life.

2.5.6 Personal Belief Domain

This area focuses into an individual's own views, which may or may not have an effect on their quality of life. A healthy individual finds it easy to deal with life's challenges, brings experience influence, and gives significance to personal and spiritual concerns. This domain is centered on those who hold varied religious beliefs, such as Buddhists, Christians, Hindus, or Muslims, in addition to others their personal and spiritual beliefs do not align with any one religious orientation. Many people find solace, stability, and awareness of meaning, belonging, aims, and strength in their personal beliefs, religion, and spirituality.

2.6 Reviews on Previous Studies

Most of studies that examine the quality of life in psychiatric disorder in admission patients is finding in most of aspects. All of them, Janice, C., Jhon, B., Alicia, O, C., Myfanwy, L, J., & Suzy, P. (2012) was examined that the quality of life people with mental health problems. The aim of the study was to explore the domains of quality of life important to people with mental health problems. The study design was a systematic review of qualitative research undertaken with people with mental health problems using a framework synthesis. The result was revel that a poor quality life, often experienced with severe mental health difficulties, the characterized by feelings of distress; lack of control, choice and autonomy; low self-esteem and confidence; a sense of not being part of society; diminished activity; and a sense of hopelessness and demoralization.

The other study, Berghofer, A., Martin, L., Hense, S., Weinmann, S., & Stephanine, R. (2020) was study the quality of life and psychiatric disorder that it revealed the quality of life in patients with severe mental illness in integrated outpatient health care. The purpose of the study was quality of life in a patient with

severe mental illness in an integrated psychiatric care selected in regions of Germany. The study was the cross-sectional study involved with several mentally ill persons in outpatients with extensive impairments in social relationship with the community. The result revealed that the common causes of mental illness patient with living in (alone, partner/relatives, assisted), number of disease episodes, source of income, age and clinical global impression scores were identified as potential predictors of quality of life. The upper mentioned study is only on exploring for quality of life and the patient with mental health problem in outpatient department with integrated care. In my study, only on explore will be done in admission patient with psychiatric patient in mental health ward.

Yildiz, A., Berna, B., Aysegul, O., & Sule, T (2006) was study that the assessment of quality of life with in Tukish mental illness patients compared with the diabetes and healthy themes. It was used the measure the WHOQOL and the patients with alcohol use disorder, effective mood disorder, and schizophrenia scored decreased than healthy themes on the physical characteristics of quality of life. On the other hand, the Patients with alcohol dependence, bipolar mood disorder, and schizophrenia scored lower than the healthy subjects on the physical aspects of quality of life. In that case, World Health Organization Quality of Life Brief Questionnaire was useful for the quality of life in the mental health patients.

Win Min Htun analyzed on “the quality of life and amputees in the Defense Services Rehabilitation Hospital” in 2011. This study was survey in the Defence Services Rehabilitation Hospital in Mingaladon. This study result was found that there is more quality of life below knee amputee patients than above the knee patients. Moreover, amputee patients are awareness of the quality of life in their life. Therefore, this study is more apply for the mental illness patient needed for academic and apply for the treatment setting.

Moreover, Yi Myint Swe (2019) also conducted the research on association between social capital, mental health, and quality of life among the migrant people. She conducted on cross-sectional study in migrant worker in Myanmar. She was found that the factory workers were low level of educational standard. There were regarding the level of good, fair and poor QOL and there were associated with between quality of life and monthly income. This research revealed that stress was not associated with QOL. The other factors were associated with good QOL living with related family members in a house and burden of medical services costs. Therefore, to

maintain the quality of life may need to reduce the stress and depression for the patients.

Sun Tun (2022) studied that the factors associated with quality of life scores among the methadone patients in Myanmar with WHOQOL questionnaires. The result revealed that 210 respondents were answer structured questionnaires for their quality of life. The questionnaires on the QOL were transformed into 100-scale ratings, and higher QOL scores reflect better QOL. The average score of total QOL was 60.82%; precisely 60.09% in the physical domain, 63.11% in the psychological domain, 59.87% in the social relation domain, 60.41% in the environmental domain respectively. This study was point out the addressing the service intervention may improvement the quality of life.

CHAPTER III
OVERVIEW OF MENTAL HEALTH CARE IN MYANMAR

3.1 Mental Health Historical Background in Myanmar

In Burma, this development was direct related with British colonial attempts to establish its hold form of health care services throughout his colonial region and they are respondents for British-based medical education and hospital-based delivery system. French Catholic missionaries founded first Western hospital in 16891. However, they were condemned by local monks. At this time, Western hospitals and medical schools were well founded in Burma by the mid-19th century; psychiatry services did not exist until 1886. The first lunatic asylum was established on the sub-urban of Rangoon, estimated approximately 50 bedded for in patient care. At this time, Western psychiatry treatment style was safe keeping care style, which center for attention was less on treatment and more on detain in asylum to protect society from the mental illness patient. The primary duty of doctors and nurses were to guard patients and keep them safe during thought this period. The British Colonial Government law overtakes the Lunacy Act on 1912 and then declared lunatic Act was allowed to treatment and the State would cover the cost of confinement if the family was unable to pay for treatment. There was associated with this Act and there was overload in the Psychiatric hospital (which was overcapacity with 750 bedded by this time). The construction of the 1200 bedded Rangoon Lunatic Asylum was begun in 1912 and finished at 1926. These asylums staffed were general doctors (primarily British or Indian) and no qualified psychiatrists' skills. Then the Burma's first psychiatrist took over the asylum in 1951 (he also happened to be one of the first Burmese persons work in this asylum). During 1967, Myanmar psychiatric development was slowly improve with clinical, teaching and research experiences with others like country (Khun Maung Zaw, 1997). Tadagalay psychiatric hospital was opened and relocated same as Mental Health Hospital in 2002 (Ywarthargyi). There was giving the mental health care services such as psychoses (Schizophrenia and other psychiatric illness) and bipolar mood disorder, neurotic, somatoform and

stress-related disorders as well as those suffering from organic psychiatric disorder, epilepsy and dementia patients.

3.2 The Progress of Mental Health Care Services in Myanmar

During the past there was not mental subject not development time in Burma, the first lunatic asylum was opened in 1928 at Yangon according to Lunacy act 1912. Patients were under custodial care. There was the stakeholder are awareness in mental health problems. Therefore, from asylum was changing to a country Mental Hospital at 1948. It was upgraded from asylum to Yangon Psychiatric Hospital at 1965 (Thadakalay) and relocated same as Mental Health Hospital in 2002 (Ywarthargyi). Patients are being treated with open door policy. Psychiatric outpatient care cares are provided in various General Hospitals. Psychiatric units attached in all State and Divisional hospitals in 1992. Mental Health Project has been launched since 1990. Before 1990 Hospital based treatment service. Community Mental Health in Myanmar materialized in 1990. Only one large hospital existed in the capital city another small one in the second capital city of Myanmar. The larger hospital was built as a "lunatic asylum" where the mentally ill patients were "jailed" in every sense of the word. However, in 1994, the mental health activities were changing into the primary health care delivery system form. Four types of common mental illnesses were selected and primary health care workers were trained to identify report and give basic treatment as well as refer to secondary treatment centers (Saw-Wilfired.1999). By the early 1990s, middle-level staffs of the health care delivery system infrastructure, including doctors, primary care professional in identifying and treating mental disorders with well-trained person. Psychosis, Depression, Epilepsy, Anxiety disorder and Mental retardation identified and treated in community.

3.3 Roles and Functions Changes Staff in Mental Health Services

In the past 50 years, mental health care services had experiences with major changes in most of countries around the world. In Myanmar has continuous changing the model of care in the mental health care services system. The member of health care teams is composed with psychiatrists, clinical psychologists, trainee psychiatrists, nurses, occupational therapists and social workers. Ward staff included psychiatric nurses, general nurses, nursing assistants and attendants. After 2002, Myanmar implemented reforms in mental health care models and training management, aligning

with new evidence-based practices in the mental health service sector. There was changing the services program from hospitalize care to shifting care form to community-based care. Moreover, there was parallel changing with staff roles and responsibility of care and management in mental health care services. Myanmar mental health care staffs were implications of these changes have been substantial.

Firstly, there was reassign of staff from hospital to community-based health care service sector. The next step was between the staff, the progress of a new set of competencies skill for work in community-based health care sector, and there was weight on recovery and rehabilitation in the hospital health care sectors for mental illness patients. Ministry of Health and Sports has been training of a multiple range of health care related professional (for the basic health care and primary care) in mental health. The final step was reform the models of training for staff, for keeping with new evidence-based health care (MOHS, 2017).

The change of health staff reform from hospital to public based care and the new focus on multi- disciplinary groups and inter-sectorial approaches inevitably and then changing staff roles. This is the major issue for mental health care reform. Professionals may be focused about losing their professional identity, situation, salary and income, familiar work environments and familiar ways of work (Kenvin & Carter, 2021). At first, the mental health care professionals were resisting to reform for changing of roles and functions of cars. In that case, there were challenge in health care roles and functions of health care models. Later, there was slowly progress in mental health care model.

In Myanmar, primary of mental health sector, there was limited HR for mental health care in the countries. On the other hand, the delivering mental health services through primary health care is one of the most effective style and feasible routes for community to improve the access to mental health care. On the other hand, the mental health care doctors were only on giving the mental health care in the outpatient department in government hospital. Mental health nurses are delivering the primary health care services in the local community.

3.4 Mental Health Services Problems in Myanmar

By knowing the prevalence of the mental illness problems in Myanmar and provision of mental health care facilities in hospital services, one thing should be noticed that is a great discrepancy between numbers of patients who should be under

care of mental health care systems and current mental health care facilities for hospital services. According to prevalence studies of mental disorder, it is estimated that 0.3 million people are suffering from psychoses alone and 4.4 million people are in trouble with at least a form of mental disorder. According to the statistics from hospitals, total numbers of patients attending and admitting at hospital for mental health reasons are not more than 20000 per year.

There is an imbalance of mental health services and low level national standard for mental health care. Mental health issues continue to be a challenge in Myanmar. These issues are presented in Table (3.1) and Table (3.2).

Table (3.1) Problems in Mental Health Services

Sr.	Problems	Percentages
1	Mental hospitals	> 80% (Burden in Hospital)
2	General hospitals	6-10%
3	Prevention and promotion	<5% (Poor)
4	Community level	<5%
5	Primary care	<5%

Source: Mental Health Atlas ,2020

Table (3.2) Problems in Mental Health Resources per 100,000 Populations

Sr.	Resources	Issues
1	Psychiatrists	0.2 (Total 117)
2	Mental health nurses	0.6 (Total 302)
3	Psychologists	0.1 (Total 1)
4	Social workers	0.1 (Total 49)
5	Primary health facilities having basic mental health drugs	< 25%
6	Mental health hospitals	2 (1581 Bed)
7	Mental health units in general hospitals	25 (250 Bed)
8	Mental health beds per 100,000	2.3

Source: Mental Health Atlas ,2020

The government spent the money for the public to decrease the mental illness prevalence and incidence rates. Therefore, mental health services from general health services into basic health care style with integrating services. This way can provide secondary level health care to illness person in the community level and services to those who can admit for mental illness for require health care interventions.

3.5 Provision of Hospitalize Mental Health Care Services Myanmar

Initially, Myanmar began transitioning from institutional mental health care to community-based services through deinstitutionalization. This approach shifted care from state hospitals to community facilities, which offer less restrictive treatment closer to patients' homes, families, and social networks. Currently, the country has 25 outpatient mental health facilities, two day treatment centers, 17 community-based psychiatric inpatient units, and two mental hospitals. The majority of mental health beds are in hospitals, with residential units being the next largest provider. Essential psychotropic medications are available across inpatient units, mental hospitals, and outpatient facilities (WHO & MOH, 2006). These centers offer a range of services including emergency care, inpatient care, outpatient services, partial hospitalization, screening, and education. Deinstitutionalization has led to reduced long-term institutional stays, fewer hospital admissions, and the growth of community-based services as alternatives to hospital care (Health Systems and Policies, 2014).

There were two mental health hospitals in Myanmar. These two hospitals were giving the secondary of mental health care services for the mental illness patients and there were mental outpatient health care in general hospitals. The following table (3.3) are as shown in men power in mental health hospital and number of mental health unit in the general hospitals

Table (3.3) Man Power in Upper and Lower Mental Health Hospital Myanmar

No.	Services	Number
1	Number of psychiatrists in services	30 (<one per million population)
2	Number of clinical psychologist in service	3
3	Number of psychiatric social workers	5
4	Qualified psychiatric nurses	132
5	Occupational therapist in services	2

Source: MOHS, 2017

Table (3.4) Number of Hospital and Mental Health Units

No.	Hospitals	No. of Hospitals
1	Mental health hospital, Yangon	1
2	Mental health unit attached in Drug Treatment hospital, Mandalay	1
3	Mental health unit attached in General hospitals	20

Source: MOHS, 2017

3.6 Mental Health Care Administration Condition in Military

The Military mental health developed in 1962. The first mental health unit functioned in Defense Services General Hospital (Mingaladon). The other mental health unit opened in most of Military hospital. Although, most mental care unit are assign under the medical unit. In military setting, mental health doctors and mental health nursing are born out joint with ministry of Health and Sport. Today, there are mental health care ward opened in many military hospital. Now, the mental health doctor and mental health nurses can provide and can place in the mental health ward in Military Hospital. Moreover, in Defense services Medical Academy and Military institute of Nursing and Paramedical sciences placed the department of mental health. There are various types of military mental health service are as follow mentions –

a) Assessment: It takes place almost the whole year round at officer testing team, recruiting new service-men, cadets, junior and senior officer and at the psychiatric units in the Defence Services General Hospitals and Military hospitals.
b) Diagnostic Testing: In the investigation of a psychiatric patient, whether a child or an adult, the assessment of psychological functions are usually necessary for the psychiatric so that his decision can be based on them.
c) Treatment: the formal sense has not been performed as yet by the clinical psychologist, other than individual supportive counseling to the psychiatric patients he usually sees or interviews.
d) Teaching: Teaching of psychological knowledge and skills to non-psychologist is fairly wide spread. Therefore, apart from teaching trainee

psychologist, the clinical psychologist participants in teaching trainee psychiatrists and nurses.

e) Research: The research service so far included mainly the development of psychological test, questionnaires and rating psychiatric rating scales to probe the signs of psychiatric illness, and establishment of normative data for the tests.

3.7 Psychiatric Department in No. (1) DSGH (1000-Bedded)

No. (1) Defence Services General Hospital (1000-Bedded) is located in the Mingaladon Township. This hospital is treating the many general diseases for improving the health status for the military personnel and their related persons. All of them, Psychiatric department is the management the mental health related problems. There are many disorders in the mental health problems. All of them, the common disorder in the mental health department are Schizophrenia and Psychotic disorders, Bipolar Mood disorder (Mania and Depression), Major Depressive disorder, Stress and related disorders (Acute Stress Disorder, Post Traumatic Stress Disorder, and Adjustment disorder), Anxiety disorder, Alcohol Use disorder, and neuro-cognitive impaired behavior disorders. In this department, most of patients are admission in the ward for at least 2 weeks because most of the mental health problems are recovery in at least two weeks. Some of patients are placed with medical categorization and dismiss from military service. Therefore, most of patients are problems with the quality of life. The table (3.5) was as shown in common problems of mental disorder.

Table (3.5) Common Mental Health Problems in Psychiatric Department

Year	Common Mental Health Items	Admitted	Discharge
2021	Bipolar Mood Disorder	100	95
	Alcohol Use Disorder	220	210
	Depressive Disorder	40	39
	Stress and Related Disorder	20	20
	Psychosis	15	14
2022	Bipolar Mood Disorder	140	140
	Alcohol Use Disorder	250	245
	Depressive Disorder	45	43
	Stress and Related Disorder	30	30
	Psychosis	10	8
2023	Bipolar Mood Disorder	130	125
	Alcohol Use Disorder	300	290
	Depressive Disorder	39	37
	Stress and Related Disorder	40	40
	Psychosis	15	13

Source: Psychiatric Department, 2023

3.8 Patient's Impact on the Mental Health Disorder

In order to improve people's quality of life, it is important to investigate how communities perceive and experience mental health disorders in order to known their impact and the obstacle that prevent people from receiving treatment. In Myanmar, there are several challenges that people must overcome in order to obtain mental health services. This makes it possible for policymakers to develop plans to tackle the root causes of mental diseases and remove the stigma that people face, empowering people to better take care of their own health (Helpage International Myanmar, 2020). The patient's impact of mental illness is showed in table (3.6).

Table (3.6) Patient's Impact of Mental Health Disorder

No.	Impacts
1	Financial burden due to healthcare and travel costs
2	Discrimination on patient
3	Put strain on your relationships and challenge in the environment
4	Stigma on mental disorders that prevents treatment from illness
5	Patient experience with the financial problems and stress in Illness

Source: NSW Health, 2022

CHAPTER IV
SURVEY ANALYSIS

4.1 Survey Profile

(No-1) Defence Services General Hospital, 1000 Bedded is the general hospital in the lower Myanmar. This hospital is treating the many diseases for the military personal and their related persons. There are many departments in the general hospital such as medical related departments, surgical related departments, eye and ENT departments, dental department and psychiatric department in this hospital. All of them, psychiatric department is the treating the mental health related problems in the hospital. Psychiatric ward is responsible to treating the mental health problems. Moreover, this department is the psycho-education for the mental health patient and psychiatric assessment for the military personnel. Therefore, most of the mental health patients are admission with the behavior problems in this department. Most of the patients are effective in cognitive, behavior and poor in daily life living and they were difficult in the activity of daily living. They have needed for improvement the daily life of living and can reach the mainstreaming of life. On the other hand, patients' command centers are also needed to regular take care of their disease process and timely referral system. As a department is discharge the patient after recover and reduce the mental health problems. Moreover, the department has regular recheck the patient's condition and as a needed patient is regular follow up for outpatient care.

4.2 Survey Design

All the members of the population are enumerated which represents the entire group of the mental health patients and the data are collected with the administer questionnaire. The survey was conducted on 75 respondents from 100% of who are reducing the symptoms of mental health symptoms in No. (1) Defence Services General Hospital (1000- Bedded), Mingaladon. The survey was based on the voluntary cooperation and answered within April, 2024 for this study. The survey questionnaire was divided into two parts: (A) Socio-demographic of the respondents,

and (B) respondent quality of life questionnaires. In the part (A) involved with socio demo characterized such as age, gender, educational qualification, marital status, employment type and monthly salary. In part (B), there are involved with six domain of quality of life. They were Physical domain, Psychological domain, Level of Independence domain, Social Relationship domain, Environment domain and Personal Belief domain. In each of quality of life questionnaire used five points 'Likert Scale' (not all = 1, a little = 2, moderate = 3, very much = 4, and extreme amount = 5). After data collection, the data were checked to get completeness, to avoid error and inconsistencies collected data were tabulated, analyzed and interpreted in the objective of the study by applying descriptive statistics.

4.3 Survey Results

Current study was carried out among the mental health patient in No (1) DSGH (1000- Bedded), Mingaladon, Yangon Region. This chapter includes the questions posed in each section of the questionnaire, the responses received for each question, and the researcher's analysis of the results. This presented the research findings that were obtained from analysis of the data by using sequential explanation of quantitative descriptive approach. The quantitative data obtained were subjected to descriptive statistical analysis using a SPSS 23.0 version. After analyses of the data, the findings of this research were presented in tables, bar and pies. Quantitative findings were calculated with frequencies, mean score, standard deviation were used to analyze the respondents' socio - demographic data and their six domains of quality of life such as Physical Domain, Psychological Domain, Level of Independence Domain, Social Relationship Domain, Environment Domain and Personal Belief Domain. The survey result showed the socio-demographic characteristics of respondent and the respondents' quality of life.

4.3.1 Social Characteristics of the Respondents

Table (4.1) shows the characteristics of respondents such as their age, educational qualification, marital status, employment types and monthly salary of the respondents.

Table (4.1) Characteristics of Respondents

Description	Respondents	%
Age		
Between 18-25 yrs	4	5.3%
Between26-35	31	41.3%
Between 36 - Above	40	53.3%
Total	**75**	**100%**
Gender		
Male	75	100%
Female	-	-
Total	**75**	**100%**
Educational Qualification		
Educated	24	32.0%
High School	21	28.0%
Middle School	19	25.3%
Primary School	11	14.7%
Total	**75**	**100%**
Marital Status		
Single	34	45.3%
Married	34	45.3%
Divorced	7	9.4%
Total	**75**	**100%**
Employment Type		
Infantry	50	66.7%
Office Staff	17	22.7%
Health Care and Engineer	8	10.7%
Total	**75**	**100%**
Monthly Salary		
Between 150000-250000	13	17.3%
Between 260000-350000	40	53.3%
360000-Above	22	29.3%
Total	**75**	**100%**

Source: Survey Data, 2024

In the study of age level, the majority respondents are between 36 years to above years (40) 53.3% followed by between 26 years to 35 years (31) 41.3% and Between 18 to 25 years are the lowest respondents in this survey (4) 5.3%. According to the results, the majorities of patient are adult person and most of patients are appearing the psychotic problems in the old age. Older adult persons are more experiences of the mental health problems. The common cases were depression, dementia, and anxiety disorder problems. Over 50 years' older adult are affecting with 5 to 7 percentages of depression and dementia problem (Malinda, R.2024). This condition may be more aging persons are experiences with more stress life event and this may be appearing the mental health problems.

In the gender distribution, all of the respondents are the only in male patients. According to result, all 75 respondents, (100%) are male. There was no female respondents are not in this study. This is due to the nature of the work which is the military hospitals setting being the more male patient than female patients.

All of them (24) respondents are the educated and (21) respondents were also getting the high school studied in the past. On the other hand, (19) are getting the middle educational level and the last of 11 respondents were the primary educational level. Regarding the educational qualification of the respondents, more than 24 respondents are educated and second common patients got in high school completed. Secondary school and primary school patients are third and fourth with 19 and 11 respectively.

In the marital status, there was revealed that the single and married of the respondents are the 34 (45.3%) respectively. On the other hand, the divorced respondents are 7 (9.4%).

In life carrier status of the Respondents, there were (75) patients in the psychiatric ward. The common of the carrier is the fieldwork 50 (66.6%). Then, office staff respondents are 17 (22.7%) and healthcare and engineer life carrier of the respondents are 8 (10.7%). In Monthly Income of the Respondents of this study, 40 (53.3%) of the respondents are getting the between monthly income 260000-350000. Between 150000-250000, monthly income respondents are 13 (17.3%) and between 360000 - Above respondents are 22 (29.3%).

4.3.2 Physical Domain of the Respondents

Four questionnaire questions in the physical domain are involved in this domain. Individuals who are having excellent physical health are capable of performing everyday responsibilities in the physical domain. In the physical domain, it involves discomforts and pains, health problems, personal energy for day-to-day living, and everyone being satisfied in their sleep and weakened.

Table (4.2) Physical Domain of the Respondents (n = 75)

Q No.	Physical Domain	Not All	A little	Moderate	Very Much	Extreme Amount	SD	Mean
1	To what extent do you feel that physical pain prevents you from doing what you need to do?	23 (30.7%)	35 (46.7%)	9 (12%)	4 (5.3%)	4 (5.3%)	1.06	2.08
2	How much are you bothered by any physical problems related to your mental health problem?	24 (32%)	**33 (44%)**	12 (16%)	4 (5.3%)	2 (2.7%)	0.97	**2.03**
3	Do you have enough energy for everyday life?	8 (10.7%)	24 (32%)	25 (33.3%)	13 (17.3%)	5 (6.7%)	1.073	2.07
4	How satisfied are you with your sleep?	11 (14.7%)	**25 (33.3%)**	24 (32%)	13 (17.3%)	2 (2.7%)	1.027	**1.02**

Source: Survey Data, 2024

In the table (4.2), most of the respondents are poor in satisfied with their sleep as mean scores was 1.02. However, the majority of respondents are also little in bothered by any physical problems related to their mental health problem as mean scores was 2.0.3. In this domain, almost of the respondents were poor in physical health problem and satisfied in sleeping.

4.3.3 Psychological Domain of the Respondents

Four questionnaire items reflect on this psychological domain. Respondents in the psychological domain expressed a variety of their own experiences and recognized psychological states, emotions, and cognition; they also recognized individual self-esteem, perceptions of their physical appearance, and satisfaction in life.

Table (4.3) Psychological Domain of the Respondents (n=75)

Q No.	Psychological Domain	Not All	A little	Moderate	Very Much	Extreme Amount	SD	Mean
1	How much do you enjoy life?	13 (17.3%)	24 (32.0%)	**29 (38.7%)**	6 (8.0%)	3 (4.0%)	1.00	**2.49**
2	How well are you able to concentrate?	14 (18.7%)	19 (25.3%)	**33 (44.0%)**	7 (9.3%)	2 (2.7%)	0.99	**2.52**
3	Are you able to accept your bodily appearance?	8 (10.7%)	25 (33.3%)	26 (34.7%)	13 (17.3%)	3 (4.0%)	1.01	2.71
4	How satisfied are you with yourself?	12 (16.0%)	21 (28%)	24 (32.0%)	16 (21.3%)	2 (2.7%)	1.07	2.67
5	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	13 (17.3%)	22 (29.3%)	19 (25.3%)	18 (24.0%)	3 (4.0%)	1.14	2.68

Source: Survey data, 2024

In the Psychological Domain, the majority of respondents reported a mean score of 2.49 and a moderate level of life satisfaction. However, the mean score of 2.52 indicates that almost all respondents have an average capacity to concentrate. Almost all of the respondents scored in the moderate range in the psychological domain. Additionally, in this domain compared with other items that the mean scores of questionnaire items (1) and (2) are lower. The table is displayed as it appears in Table (4.3).

4.3.4 Level of Dependence Domain of the Respondents

There are four items in the domain of level of dependence. The level of dependence has been linked to medical care, everyday activities requiring no dependency, and the ability to carry out executive functions. Patients' ability to deal with challenges and those with illnesses that limit their autonomy and independence improved their quality of life.

Table (4.4) Level of Dependence Domain of the Respondents (n=75)

Q No.	Level of Dependence Domain	Not All	A little	Moderate	Very Much	Extreme Amount	SD	Mean
1	How much do you need any medical treatment to function in your daily life?	11 (14.7%)	23 (30.7%)	**26 (34.7%)**	13 (17.3%)	2 (2.7%)	1.02	**2.63**
2	How well are you able to get around?	5 (6.7%)	16 (21.3%)	37 (49.3%)	16 (2.3%)	1 (1.3%)	0.86	2.89
3	How satisfied are you with your ability to perform your daily living activities?	9 (12.0%)	18 (24.0%)	**34 (45.3%)**	12 (16.0%)	2 (2.7%)	0.96	**2.73**
4	How satisfied are you with your capacity for work?	10 (13.3%)	14 (18.7%)	37 (49.3%)	11 (14.7%)	3 (4.0%)	0.99	2.77

Source: Survey data, 2024

With mean scores of 2.63 in this domain, the mean value demonstrated that the majority of respondents are moderately in need of any medical treatment needed to carry out in their everyday lives. Because of the mean value of 2.73 in item (2), a significant percentage of respondents expressed a moderate level of satisfaction with their capacity to carry out activities of daily routine. The majority of respondents mean score middle level on all of the questions in the dependence level domain. Nevertheless, there are weaknesses in items one and three. Therefore, the mean scores decreased. The current table is shown in table (4.4).

4.3.5 Social Relationships Domain of the Respondents

In the Social Relationships Domain, this table (4.5) is displayed. Within this area, the participants exhibit a high degree of social relationships within the community and are connected to social support networks. The respondents' perceptions of belonging, the way they communicate with others and the encouragement they receive from friends, family, and the community. For individuals to be happy and satisfied with life, which is a sign of a high-quality living, they must participate in meaningful relationships and social interactions.

Table (4.5) Social Relationships Domain of the Respondents (n=75)

Q No.	Social Relationships Domain	Not All	A little	Moderate	Very Much	Extreme Amount	SD	Mean
1	To what extent do you feel accepted by the people you know?	7 (9.3%)	24 (32.0%)	**35 (46.7%)**	7 (9.3%)	2 (2.7%)	0.88	**2.64**
2	How satisfied are you with your personal relationships?	6 (8.0%)	26 (34.7%)	32 (42.7%)	10 (13.3%)	1 (1.3%)	0.86	2.65
3	How satisfied are you with your sex life?	9 (12.0%)	19 (25.3%)	33 (44.0%)	11 (14.7%)	3 (4.0%)	0.99	2.73
4	How satisfied are you with the support you get from your friends?	13 (17.3%)	**30 (40.0%)**	26 (34.7%)	5 (6.7%)	1 (1.3%)	0.89	**2.35**

Source: Survey data, 2024

A mean response rate of 2.35 implies most respondents are not very satisfied with the friendship support they obtain. Moreover, considering that the mean score for respondents was 2.64, it may be assumed that most of them feel partially accepted by the people's their recognized. The majority of respondents had little to middle level on social relationships in this domain.

4.3.6 Environment Domain of the Respondents

Eight questionnaire items are in the environment domain. The patients' everyday living environments contain physical, social, and psychological factors, with specific issues influencing their overall quality of life. In that for example, the individual is aware of the value of enjoying a satisfied and supporting existence.

Table (4.6) Environment Domain of the Respondents (n=75)

Q No.	Environment Domain	Not All	A little	Moderate	Very Much	Extreme Amount	SD	Mean
1	How safe do you feel in your daily life?	10 (13.3%)	17 (22.7%)	33 (44.0%)	13 (17.3%)	2 (2.7%)	0.99	2.73
2	How healthy is your physical environment?	5 (6.7%)	20 (26.7%)	38 (50.7%)	10 (13.3%)	2 (2.7%)	0.85	2.79
3	Have you enough money to meet your needs?	8 (10.7%)	**32 (42.7%)**	29 (38.7%)	5 (6.7%)	1 (1.3%)	0.82	**2.45**
4	How available to you is the information that you need in your day-to-day life?	12 (16.0%)	**31 (41.3%)**	26 (34.7%)	5 (6.7%)	1 (1.3%)	0.88	**2.36**
5	To what extent do you have the opportunity for leisure activities?	6 (8.0%)	32 (42.7%)	30 (40.0%)	5 (6.7%)	2 (2.7%)	0.84	2.53
6	How satisfied are you with the conditions of your living place?	8 (10.7%)	24 (32.0%)	30 (40.0%)	12 (16.0%)	1 (1.3%)	0.92	2.65
7	How satisfied are you with your access to health services?	6 (8.0%)	14 (18.7%)	33 (44.0%)	17 (22.7%)	5 (6.7%)	1.00	3.01
8	How satisfied are you with your transport?	9 (12.0%)	25 (33.3%)	30 (40.0%)	7 (9.3%)	4 (5.3%)	0.99	2.63

Source: Survey data, 2024

As opposed to the mean value of 2.36, many respondents have very little ability to obtain the knowledge they require for daily living. Furthermore, due of mean value 2.45, the majority of respondents reported that they have enough money to meet their demands. The mean scores of items (3) and (4) were low in this domain. Additionally, as table (4.6) illustrates, the majority of respondents performed poorly or moderate level in the environment domain.

4.3.7 Personal Belief Domain of the Respondents

Four questionnaire items are in the personal belief domain. For patients, their personal beliefs are the most crucial components. This aspect includes a person's values, spiritual perspective, existential ideas, and beliefs that influence how other people see their belief system. The quality of life connects with this sense of belief.

Table (4.7) Personal Belief Domain of the Respondents (n=75)

Q No.	Level of Dependence Domain	Not All	A little	Moderate	Very Much	Extreme Amount	SD	Mean
1	To what extent do you feel your life to be meaningful?	12 (16.0%)	26 (34.7%)	31 (41.3%)	2 (2.7%)	4 (5.3%)	0.97	2.47
2	How much does it disturb you when people blame you for your mental health condition?	12 (16.0%)	37 (49.3%)	16 (21.3%)	9 (12.0%)	1 (1.3%)	0.93	2.33
3	How much do you fear the future?	24 (32.0%)	**25 (33.3%)**	16 (21.3%)	8 (10.7%)	2 (2.7%)	1.08	**2.19**
4	How much do you worry about death?	**30 (40.0%)**	19 (25.3%)	15 (20.0%)	9 (12.0%)	2 (2.7%)	1.15	**2.12**

Source: Survey data, 2024

According to this table (4.7), the mean score of 2.12 indicates that most respondents do not fear they would die. Furthermore, the mean value of 2.19 point out that most of mental illness person had minimal anxiety of the future. A significant number of respondents have low mean scores for questions (3) and (4) in the personal belief domain.

4.3.8 Total Mean scores of (6) Domain in Quality of Life

The total mean of (6) domain of quality of life scores as shown in table (4.8). The total mean scores got from of the all domain from all respondents' total scores divided by each clusters' questionnaires. All of the (6) domains mean scores was shown in following.

Table (4.8) Mean Score, Maximum and Minimum Score for (6) Domains (n=75)

No.	Domains of Quality of Life	No of Questions	Mean Scores	SD	Maximum	Minimum
1	Physical Domain	4	9.48	2.62	16	4
2	Psychological Domain	5	12.93	3.45	22	5
3	Level of independence domain	4	11.03	2.62	18	4
4	Social relationship domain	4	10.39	2.88	18	4
5	Environment domain	8	21.16	5.28	35	8
6	Personal belief domain	4	9.11	2.84	18	4

Source: Survey data, 2024

The total maximum and minimum means scores were (8) domains of quality of life. The least of total mean scores was 9.11 from personal belief domain and 9.48 from physical domain. The maximum mean scores were 35 in environment domain. On the other hand, the minimum mean scores were 4 from physical, level of independence, social relationship and personal belief domains.

CHAPTER V
CONCLUSION

5.1 Findings

The study aims is to analyze the quality of life for the mental health patients. The study of objectives is (a) to find out the current situation of mental health patient, (b) to identify the quality of life for the mental illness patient.

In the survey, all of patients are involved in this study. This is due to the members of the population are enumerated which represents the entire group of the mental health patients. The survey is conducted on 75 respondents include only on the male psychiatric patients because of in the mental health ward mostly are only male patient. Sometime female patient are rarely admitted in the mental health ward. The respondents are in the mental health ward from the No. (1) Defence Services General Hospital (1000-Bedded), Mingaladon. They are suffering from the Schizophrenia, Bipolar Mood Disorder, Depression, Anxiety Disorder and Post Traumatic Stress Disorder.

According to result of socio-demographic data, 75 respondents, are the majority respondents are between 36 years to above years (40) 53.3% followed by between 26 years to 35 years (31) 41.3% and Between 18 to 25 years are the lowest respondents in this survey (4) 5.3%. All of them age between 36 years and above are mostly respondents. This situation may appear the old age people are more suffering from mental health because of the prolong exposure of stress and hassle factors. WHO survey in 2023 that older adult people are more getting in anxiety, depression, cognitive decline and grief and loss of the problems. Over 50 years' older adult are affecting with 5 to 7 percentages of depression and dementia problem (Malinda, R.2024). Therefore, most of the mental health illness personal may be older adult people.

Regarding from the educational level of 75 respondents, who are regarding the educational accomplishment of the respondents, more than 24 respondents are educated and second common patients got in high school completed. Secondary

school and primary school patients are third and fourth with 19 and 11 respectively. This situation may be the military personnel are getting more education level in high school completed. Sometimes, educational level can be impact on mental health problems in any situation. High levels of educational person are the more resilience in coping in stress than those of low level of education status person (Henderson, E. 2023).

In the marital status, there was revealed that the single and married of the respondents are the 34 (45.3%) respectively. On the other hand, the divorced respondents are 7 (9.4%). In the marital status single and married respondents are equal. This condition may indicate that mental health problems are not effect on the marital status. On the other hand, some study revealed that 18 mental disorders had been found to increase the likelihood of divorce with a range of between 20% – 80% increase (Media Center. 2016). In that case, mental health problems and divorced may be relate.

Regarding from the employment types of 75 respondents, in all them most of the employment types is the common of the carrier from the infantry 50 (66.6%). Then, office staffs in military respondents are 17 (22.7%) and healthcare and engineer life carrier of the respondents are 8 (10.7%). In that case, most of carrier of respondents is infantry job. In the military, there are many in infantry and regimental unit around the country rather than the other supportive unit such as Military Hospital, Battalion Engineer etc.

In term of monthly income, over 40 (53.3%) of the respondents are getting the between monthly income 260000-350000. This situation is due to the military setting composed with inferior to superior level. It is indicated that the amounts of inferior level respondents are more than the income between 360000-above levels. Monthly incomes between 360000 - Above respondents are 22 (29.3%) the officer level in the military setting. In the study, second level monthly income respondents are more than other respondents. Lower level of income is related with the mental health problems and poor in daily social wellbeing (Gerry, M & Aaron, R. 2022). Patient income and his or her mental health problems are interrelated. Lower level of income patients is multifaceted with the limited access to health care, financial stress and social determinant for health problems.

In the physical domain, most of the respondents are little in the satisfied in their daily sleeping whereas mean score 1.027. Most of the mental health patients are

encountering the sleeping problems. National Health Services in 2021 stated mental health problems and poor sleeping problems are closely related. Any mental health problems can effect on the poor sleep problem. Therefore, sleeping is the important factor in the daily life in mental illness patients. In addition, respondents were little in bothered by any physical problems related to their mental health problem because the mean scores were 2.03. Chronic physical illness problems are some effect on the persons' mental health problems. In some chronic diabetes mellitus or renal failure long term physical illness patient may appear the depression or anxiety problems. There is chronic physical diseases of health condition can increase the risk for mental health situation (Center for Disease prevention and Control, 2024). In that case, sometimes some of chronic physical health diseases are related with the mental health problems.

In the psychological domain, mostly of the respondents were moderately enjoyed in their life because of mean value 2.49. Mental health wellbeing is the satisfaction on life and enjoying any one life. Normal mental health condition person can ability to think, ability to cope and person's ability to enjoy life (Leonard, H., & David, S,. 2023). Therefore, mental illness patients may be encountering the poor enjoying the life. On the other hand, majority of the respondents were middle on the concentrate in any situation whereas mean value 2.52. Mental illness person are poor concentration on any situation and poor outcome of job. Mental illness person can be rumination and poor focusing as on their hallucination and delusion (Peterson, J. 2019). Mental illness patients can be poor concentration any situation.

According to result of 75 respondents, in the Level of Independence Domain in most of the respondents was middle in taking any medical health care service to function in their daily life whereas the mean scores 2.63. Most of the mental health patients are forgotten in treatment due to the self-stigma on their disease process. Moreover, they are unwanted to known other suffering from mental health problem. In 2014 revealed that stigma is the main cause of determined for seeking of health care (Lehigh Center). In this study, respondents are moderately self-understanding need to seek for medical health care services.

In the social relationship domain, most respondents had slight on satisfied in the support they getting from their friend as the mean scores were 2.35. Mental health patients are need well supportive from the environment and they are also need to take help to release the disease symptoms and well recover from disease process. National

Health Council for Mental health stated that having a good support system involved with family member, friends, neighbor and peer group is important in the recovery process (2020). Well supportive system and other resources can enhance the mental health well-being and recovery process.

In the environment domain, the majority of respondents were little in available of the health information that they need in their day-to-day life because the mean scores were 2.36. Moreover, mostly of the respondents had not enough financial support money to meet their needs represent mean scores were 2.45. Mental illness patients are daily informative systems and enough for financial support needed to progress for quality of life. The patient should be ready to accept the informative system from the medical health care center, effectively and provide valuable data of healthcare providers, psychiatric of mental health problems and regular follow up care center. The information system is major role for the mental healthcare and it's valuable for the mental health patients (Lora, A., Lesage, A., & Levav, I. 2016). Moreover, mental health patients are low income money because of the poor concentration and poor job satisfaction. Porteous, B stated that mental illness patients are struggle in daily life and poor in financial stability. Moreover, long term patients are poor job sustain (2022). In that case, poor mental health persons needed to financial support.

The last domain of personal belief, most of respondents were poor in fear the of their future as the mean scores 2.19. In addition, the majority of the respondents are no worry about death whereas the mean value 2.12. The mental illness persons are daily facing with anxiety, depression, social withdrawal and poor concentration in any situation. In that case, this impact may be loss for their fear future. Depression and anxiety patients are the experiences with the poor ability imagine for the future (Tang, P., Georgia, P., Katarzyna, K., Phillips, J., & Edmund, S., 2013). The experience of fear of death can vary greatly among individuals with mental illness. Fear of death is more common found in the mental health patient. On the other hand, most of the patients are no fear in death in this study due to the Buddagidelime.

In the total means scores of six domains, at least mean scores value 9.48 were form physical domain and in the personal belief domain mean scores value 9.11. Mental illness person are need for improvement of improvement of physical related problems. They are reform with promote regular physical activity, well plan for the good nutrition intake for the patients. Health care providers are creating for empower

the patients and educated for the mental health problems. Moreover the personal belief domain, the patients should be improvement with self-esteem, personal growth and promote for religious practices. Healthcare providers should be providing for self-worth and alignment with their values, ultimately leading to improved overall quality of life.

5.2 Suggestions

Mental health patients are still on required the quality of life because of there is stigma and discrimination in the community. Mental illness persons are poor in emotion, odd behavior, abnormal thinking on self and poor social wellbeing. In the study, mostly of the mental illness persons are faced with poor sleeping, related with the other physical health problems, loss of enjoying their life, poor concentration in thinking process and difficult to accept in the mental health care. Moreover, they are poor in the social support system, difficult to accept in mental health information process and financial from the community. As a public administer well planning the social support systems, accept the economic supply, community awareness for mental health and easy to accept the mental health care. In addition, the environmental circumstances may be reduce the risk factors in the public – reduce the poverty, promote quality of life, inequality, planning for social support systems and readiness to accept the mental health care services systems in the community. Patients with mental illnesses needed individual education and support to improve their views of death and their future prospects. Patient provides self-awareness and social skill training psycho-education program. For example, there were planning for taking health care in the public. The Mental illness suffering patient may need to fully health care services plan for the patients. Moreover, the mental illness patients are after recovery stage should involve with social and emotional skills training program as well as positive social interactions, coping skill education, decent work, safety job form and their neighbor are participate in care for the patient with socially and financially.

The stakeholder should be reduce the risk for individuals, families and communities, physical health diseases and in addition promote to participate with the whole populations and include economic downturns, humanitarian mental health care. As a care provider were planning the future with safe security for the mental illness patients. Well offer education about their illness condition, treatment process, coping

mechanisms and resilience skill for stress. In the community level, there is narrow down the gap is the integration of mental health care services into general health care system in the primary health care delivery system in currently practicing in the local community. Moreover, the provider is should be stimulate the all of participation on both community and other non-government organizations for mental health care.

It can be concluded that the public administrator should be addressed to help the individuals with mental illness conditions to improve their quality of life and work towards achieving greater life stability and well-being. Today mental illness patients still remained untreated properly because of due to the stigma and discrimination, poor attitude towards the mental health disorder. Therefore, the administrator should be removed or reduce the misconception upon the mental health disorder and well-planned of strategies to remove the misconception of stigma and Today, mental health patients are still on required the quality of life because of there was stigma and discrimination in the community. Moreover, mental illness persons are regular taking of mental health care services from the environment for improvement of quality of life for mental illness person. Health care administer are also enhance the patients' awareness of psycho-education, cognitive restructuring, personal reflection on self and develop the self-satisfaction in daily life. Moreover, some of quality of life research should be done in experimentation in mental health patients.

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Questionnaires for the Study of Quality of Life in Mental Health Patients

Please answer all questions in each section requested in each instance.

Please answer only one item in each requested question. Please mark your response in the appropriate question.

Date ……

Code no …….

Section (A) Socio-Demographic Data

1. Age ……

2. Gender ……..

3. Educational Level ……

4. Marital Status ……

5. Ethnicity ……

6. Employment Type ……

7. Monthly Salary ……..

Part (B) Quality of Life Questionnaires

1. Physical Domain

Q: No.		Not All	A little	Moderate	Very Much	Amount
1	To what extent do you feel that physical pain prevents you from doing what you need to do?					
2	How much are you bothered by any physical problems related to your mental health problem?					
3	Do you have enough energy for everyday life?					
4	How satisfied are you with your sleep?					

2. Psychological Domain

Q: No.		Not All	A little	Moderate	Very Much	Extreme Amount
1	How much do you enjoy life?					
2	How well are you able to concentrate?					
3	Are you able to accept your bodily appearance?					
4	How satisfied are you with yourself?					
5	How often do you have negative feelings such as blue mood, despair, anxiety, depression?					

3. Level of Independence

Q: No.		Not All	A little	Moderate	Very Much	Extreme Amount
1	How much do you need any medical treatment to function in your daily life?					
2	How well are you able to get around?					
3	How satisfied are you with your ability to perform your daily living activities?					
4	How satisfied are you with your capacity for work?					

4. Social Relationships

Q: No.		Not All	A little	Moderate	Very Much	Extreme Amount
1	To what extent do you feel accepted by the people you know?					
2	How satisfied are you with your personal relationships?					
3	How satisfied are you with your sex life?					
4	How satisfied are you with the support you get from your friends?					

5. Environment

Q: No.		Not All	A little	Moderate	Very Much	Extreme Amount
1	How safe do you feel in your daily life?					
2	How healthy is your physical environment?					
3	Have you enough money to meet your needs?					
4	How available to you is the information that you need in your day-to-day life?					
5	To what extent do you have the opportunity for leisure activities?					
6	How satisfied are you with the conditions of your living place?					
7	How satisfied are you with your access to health services?					
8	How satisfied are you with your transport?					

6. Personal Belief

Q: No.		Not All	A little	Moderate	Very Much	Extreme Amount
1	To what extent do you feel your life to be meaningful?					
2	To what extent are you bothered by people blaming you for your mental health status?					
3	How much do you fear the future?					
4	How much do you worry about death?					