

LIVED EXPERIENCES OF PSYCHOLOGICAL DISTRESS AND SUICIDE RISK AMONG WAR-AFFECTED DISABILITIES IN MYANMAR AND THE POTENTIAL OF TELESERVICES

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Introduction

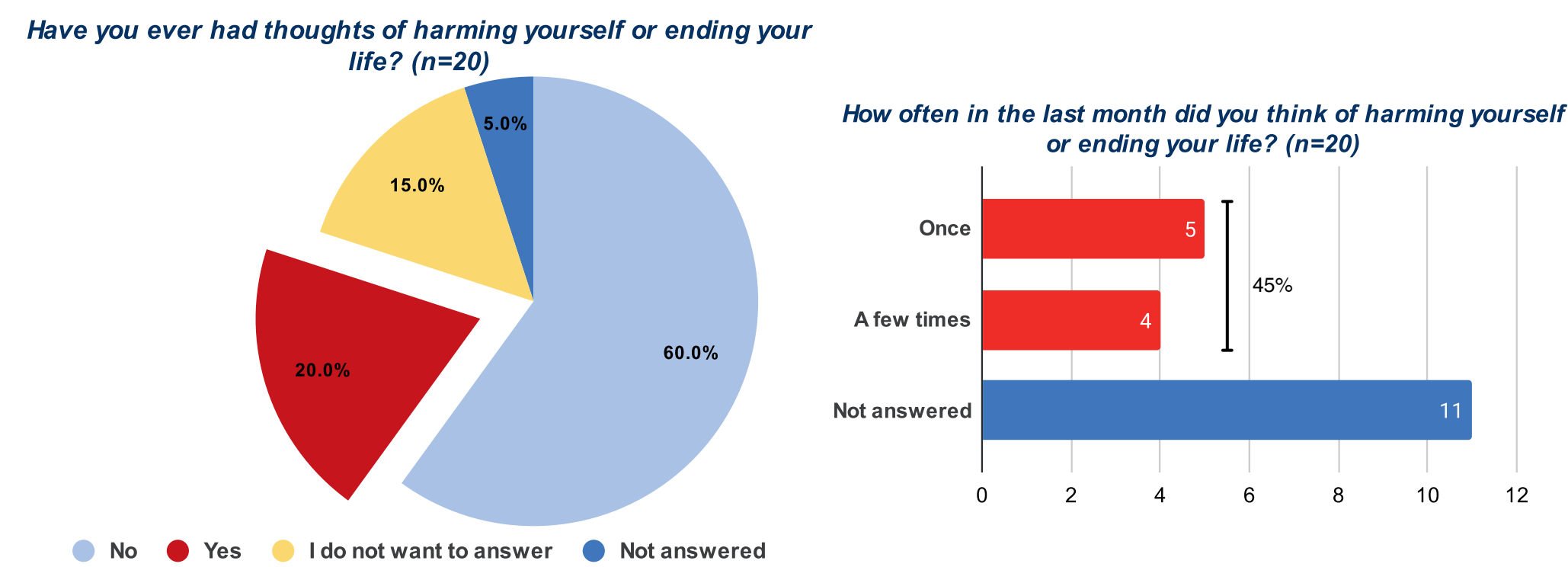
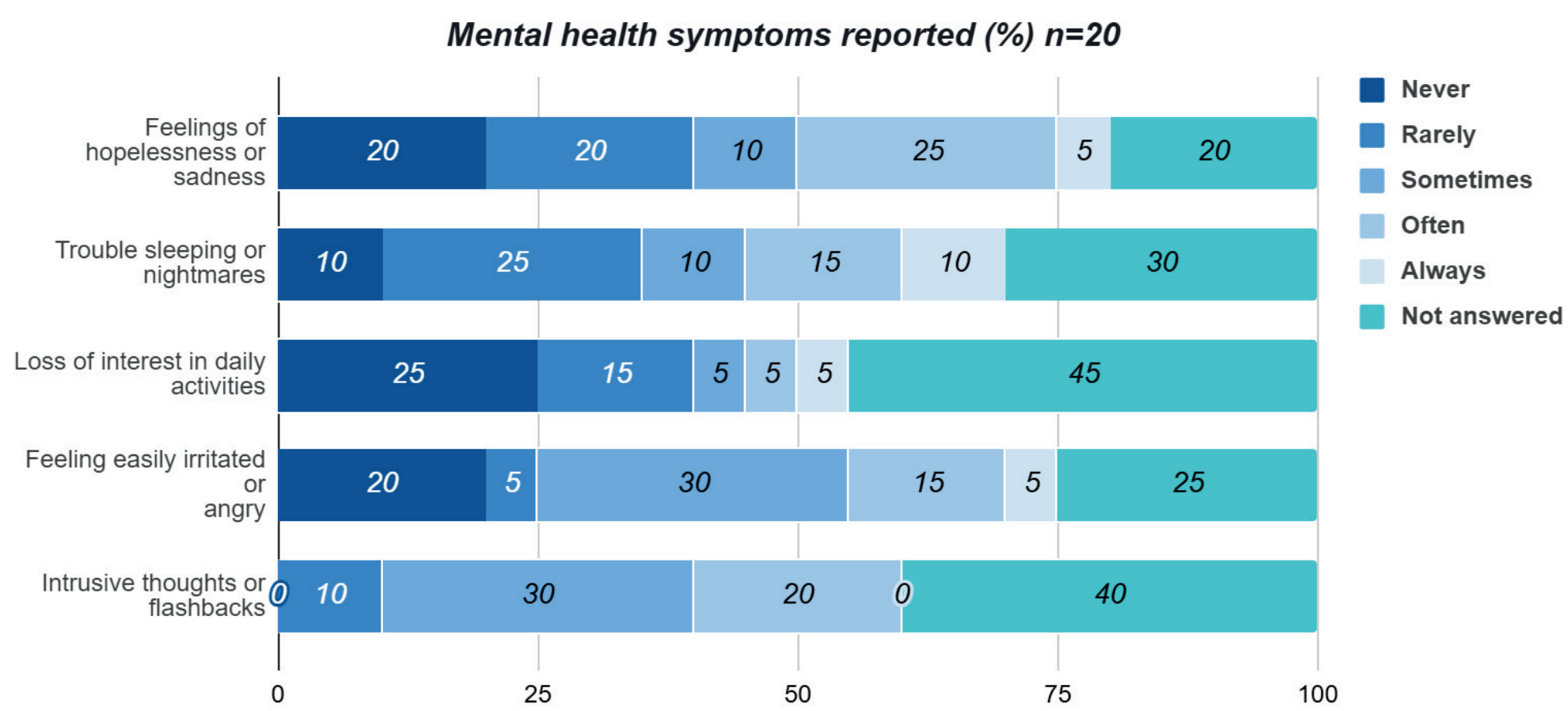
The ongoing civil conflict in Myanmar has resulted in a rising number of individuals with war-related disabilities, caused by landmines, gunshots, and bombings.¹ Individuals disabled by war experience significant psychological anguish, including trauma, grief, and suicidality, aggravated by stigmatization and uncertainties.^{2,3} Teleservices have emerged since the COVID pandemic and the political upheaval, and served as an alternative, promising platform when onsite services were not available or inaccessible.⁴ A significant gap lies in the lack of studies assessing the psychological distress of war-affected disabilities and the potential benefits of teleservices providing psychosocial support for this population in the region. This preliminary study examined psychological distress among individuals with war-affected disabilities, recognizing culturally specific presentations of trauma and exploring the potential of teleservices as a psychosocial intervention.

Methods

This exploratory investigation combined semi-structured interviews with measurement and descriptive analysis of scales to assess suicidality and mental distress. Semi-structured interviews explored the lived experiences, trauma responses, and coping mechanisms of 31 (20 survey & 11 interview) individuals with disabilities caused by conflict, as well as their perspectives, attitudes, and challenges to accessing tele-services. Interview data were recorded, and transcripts were qualitatively analyzed, complemented by the survey data.

Results

Characteristics	N=31 (Interview+Survey)
Age	
18-24 years	14 (45.2%)
35-34 years	14 (45.2%)
35-44 years	3 (6.5%)
Gender	
Female	1 (3.2%)
Male	28 (90.3%)
Other	1 (3.2%)
Not answered	1 (3.2%)
Type of Disability	
Physical	28 (90.3%)
Other (Sensory, Cognition, etc.)	3 (9.7%)



Symptoms and Experiences reported from interviews

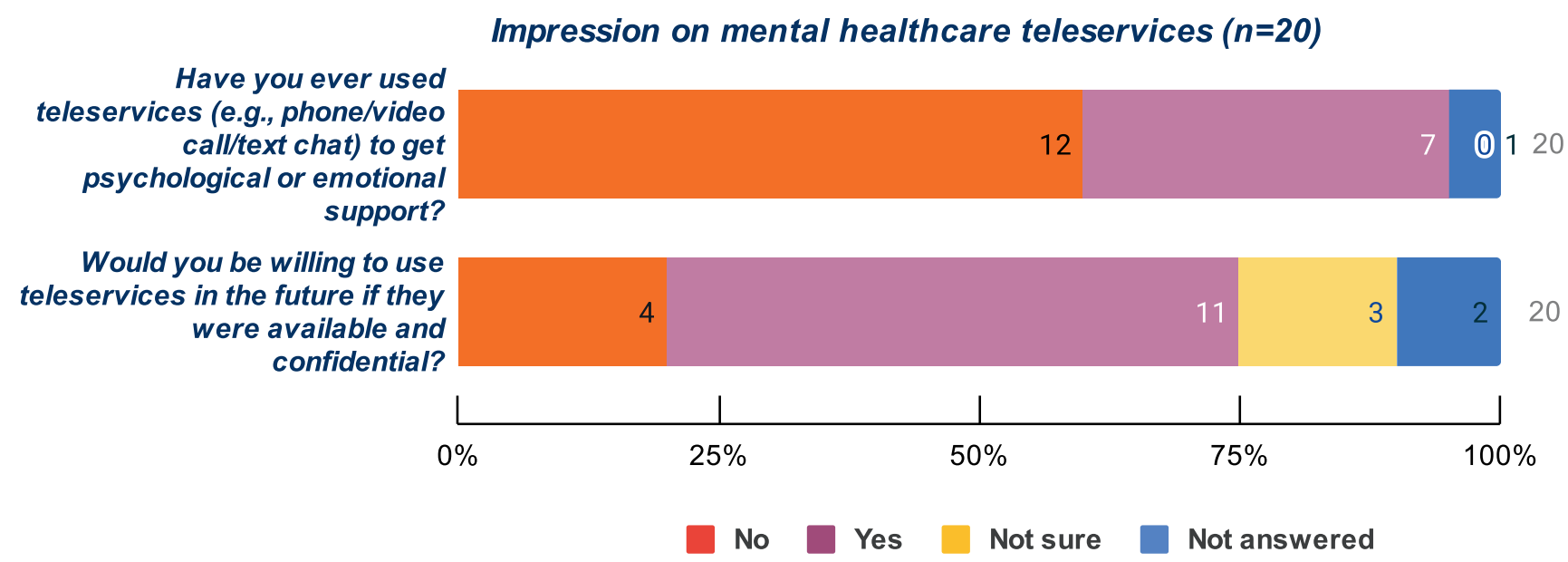
- “Sad, depressed, anxious, sleep disturbances,”
- “Reduced self-confidence, learning difficulties,”
- “Anxious and angry as I couldn’t do much on my own, not satisfied with people around me, previously feeling guilty, now not anymore.”
- “Feeling confused, overthinking, unhappy. At the same time, proud to be a sacrifice for the country.”
- “I had considered ending my life if I were injured during the battle. My mind changed to fight for life when I got injured.”
- “I am feeling down.”
- “I felt really sad when the doctors informed me that they might need to amputate my left foot two months after the injury.”

What are the major barriers preventing you from accessing mental health care?

- Lack of information about services
- Lack of services in my area
- Stigma, Shame, Feeling excluded
- Physical inaccessibility, safety/security concern

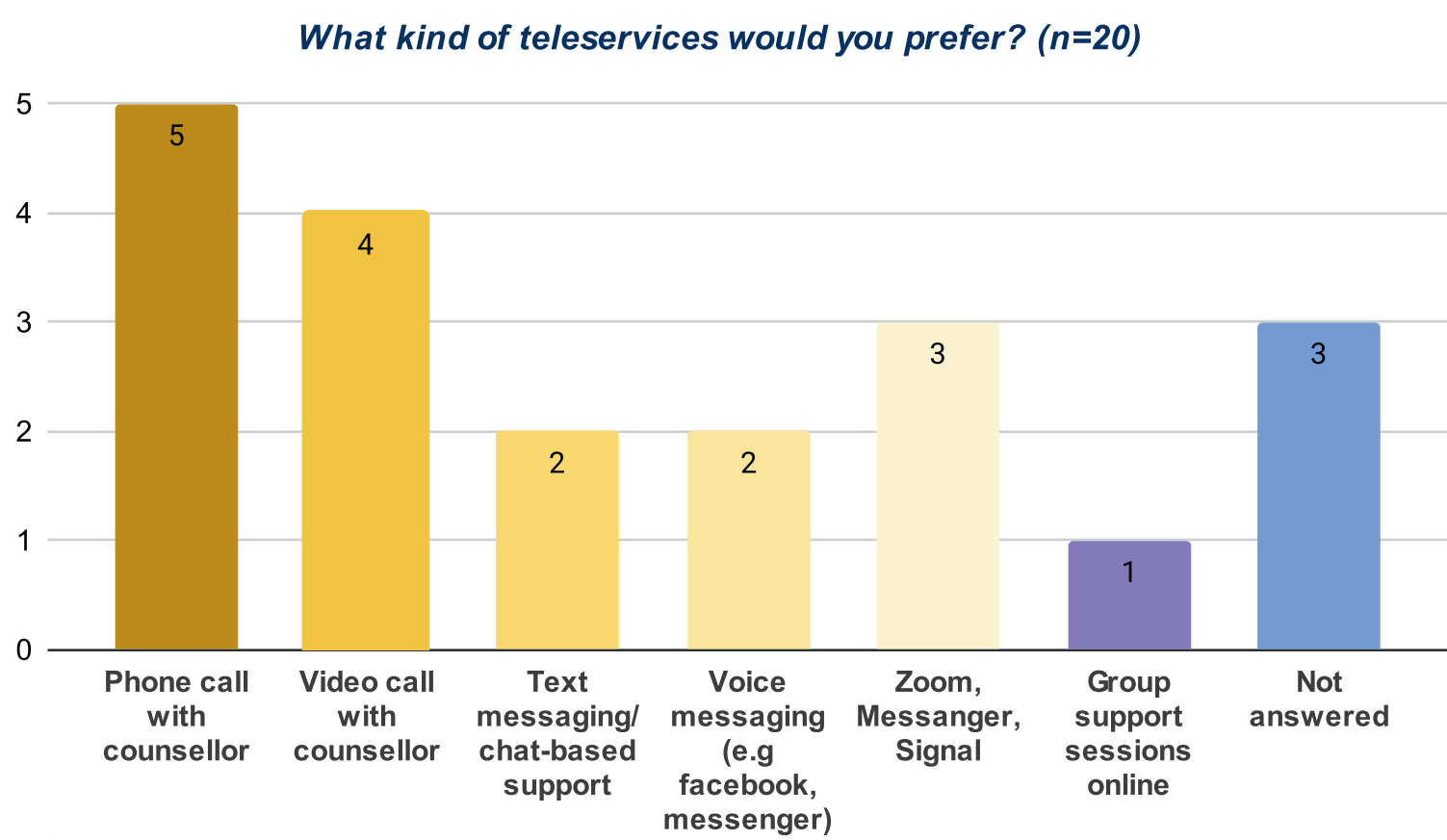
Coping strategies reported during interviews

- Peer support, talking with family, friends, supervisors, and counselors
- Faith to revolution
- Thinking that “I’m not alone”
- Being accepting and resilient
- Singing, Playing games, Going to church, Listening to Dhamma talks



What are the concerns or possible challenges to accessing teleservices?

- Able to talk less openly than in person
- Concerned about technical skills in using devices
- Internet shortages



Conclusions

The prevalence of mental health issues among individuals with disabilities is highly concerning, with 20–45% of participants in this study reporting recent thoughts of self-harm or suicide. Due to the lack of accessible information and mental health services, many individuals are forced to cope with their symptoms independently rather than seeking professional help. Encouragingly, the majority of participants expressed willingness to use teleservices if such resources were available. As one of the participants stated having previously contemplated ending life if wounded in combat, but following the injury, the participant’s perspective shifted, leading to a decision to fight for life. Such reflections highlight the transformative potential of connection and peer support, as another noted, “Being surrounded by other people with disabilities at this rehabilitation center helps me realize that I’m not alone.” Teleservices that are culturally adapted, peer-inclusive, and designed to reduce stigma and logistical barriers present a practical, timely way to turn crises into recovery when in-person care is unavailable. Although the study’s small sample size limits generalizability, this study provides an opportunity to amplify participants’ lived experiences, voices that are often excluded from larger surveys, and helps set future priorities for larger-scale research and service development.

Reference

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