

# **A case study of mental distress using Greene and Lee's solution-oriented practice in Myanmar**

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**Abstract:** This case study analyzes the mental distress of a university student during the pandemic and military coup in Myanmar. This qualitative study uses a deductive approach by practicing Greene and Lee's solution-oriented practice framework. The case conducted a semi-structured interview for data collection. Throughout the study, Greene and Lee's solution-oriented follows to assess the situation, set goals, strategize the solution pattern, implement the strategy, and follow up on the progress with the client. Based on the scope analysis, this study discovers the strengths and weaknesses of Greene and Lee's solution-oriented framework. This solution focuses on the client's capabilities to identify the resilience to overcome the problems. The client reserves the right to strategize how he prefers and steers the whole process. Therefore, it enhances the client's self-confidence to overcome the problem without trapping in the issues. Regarding weaknesses, it will not work if the client solely relies on the practitioners. Overall, this framework is relevant when mental health considers traditionally unaccepted since it carefully considers strengths.

**Keywords:** mental distress, Greene and Lee's solution-oriented practice,  
pandemic, strengths

## **Introduction**

In southeast Asia, Myanmar is one of the countries that face the terrible affliction of the pandemic. Insufficient facilities and health workforce become the central deterrence to managing the pandemic. The lockdown and quarantine strategy to respond to Covid-19 caused schools and workplaces to shut down. In only two weeks of lockdown, they have decreased by about 14 % of agricultural GDP (Diao & Wang, 2020). In addition, on February 1<sup>st</sup>, 2021, the military took overpower, compounding more suffering for Myanmar's people. The longest civil war in the world, the downfall of the economy, the political instability, and the pandemic directly or indirectly strike the people of Myanmar at all levels in various ways (Artingstoll, 2021). The Burmese's stress and anxiety levels are increasing due to the pandemic and coup. It reports that only 34% can manage mental distress.

Furthermore, it found that 3 out of 10 have the idea of suicide (Paing, 2021). It highlights that large numbers of people have a mental illness. The UN's survey also affirms low- and middle-income countries occupy 79% of suicide, and it is significantly higher in Asian countries (United Nations Myanmar, 2019). Referring to the finding of Help Age International (2019), Myanmar has no mental health policy. The mental health issue is highlighted, and it does not regard as primary health care. As a result, many people are inaccessible to mental care services. Furthermore, health workers are not well-equipped to provide mental health and psychosocial support, and the numbers of health workers and facilities are minimal.

In Myanmar in 2019, the suicide rate increased to 2.63%, ranked 94<sup>th</sup> worldwide (United Nations Myanmar, 2019). Besides, talking about mental health is considered taboo. If someone seeks mental health treatment, it is underrated and stigmatized. So, people dare not express their suffering since the environment is not supportive (United Nations Myanmar, 2019). This paper is trying to tackle the problem of mental distress properly without causing any harm to the client. It uses an effective and practical technique, a solution-oriented focus framework, to identify the case and to discover a reasonable solution for the client.

## **Literature Review**

### ***Mental Health in General Figure***

Mental health is a condition of the well-functionality of psychology. Everyone can deal with life stressors, be aware of their potentialities, be productive in workplaces, progress in learning fields, and promote/benefit the community to which it belongs. A combination of health

and wellness supports individuals and unified capabilities to construct interactions, produce decisions, and structure the world where they associate. It is vital to individuals, society, and social-economic growth (World Health Organization, 2022b). However, a mental disorder is a state where one has a disruption in apprehension, feeling management, or actions. It also describes as cognitive impairment, psychological deficits, or a condition that connects to stress, hindering the process of thinking, unsmooth relation to family, unproductive in work or self-injure (World Health Organization, 2022a)

In 2021, the CDC described mental health as crucial for all ages, including children, youths, and adults. It is recognized that mental health is as important as physical health for general health. Parekh (2018) stated that mental sickness is a usual disease. Even in an average year, about 19% of full-grown Americans suffer from mental sickness, 14% face a severe mental health problem, and 8.5% have been detected with a drug addiction disorder. Across the world, only 4.6% of research has been done on mental health. In some countries, just 2% of the health budget allocates to mental health. However, in Least Developed Countries (LDCs) or Low-Middle Income Countries (LMICs), it drops to 1%. The sharing amount is relatively small to fill the needs of mental disorder patients. LMICs have a disproportionate ratio: less than one mental health worker per 100,000 people. As a result, patients do not receive or are unaffordable to access the treatment. It estimates that 71% of people with mental distress are not accessible to treatment. A few countries supply mental health services in primary care (World Health Organization, 2022c).

### ***Mental Health During Pandemic***

The pandemic widely impacts plenty of people in many ways. While some encounter moderately, some face severe mental sickness. The initial situation of the pandemic was quite terrible, and this terrible suffering, such as anxiety, insecurity, and death tolls, also impacted the later phase and directly to wellness (World Health Organization, 2022c). The protective measures: quarantines, physical distancing, and lockdowns taken to control the pandemic bring considerable challenges to people's daily life. During the pandemic, people get angry with family members and feel helpless, overthinking, financial problems, and loneliness contributes to depression easily (Kwong et al., 2020; Piquero et al., 2021).

Furthermore, university and school closures directly affect students' mental health. The changing learning platform disturbs social connections, continuous learning, and healthy development. Those also add interference that ignites nervousness, insecurity, and solitude, which

could also cause behavioral problems (World Health Organization, 2021). For some children and adolescents, staying at home has a high potential to suffer the threat of family stress or violence, which are regarded as risk factors for mental health (Raihan, 2020) and according to the research of Kwong et al. (2020), youths and adults experienced nervousness and lower self-value and wellness about twice in the pandemic compared to regular times. Those who are in self-isolation are very prone to both worry and depression. However, living alone is only connected to depression.

### ***Solution-Oriented Practice***

Solution-oriented practice does not emphasize the problems that arise but pays attention to the client's strengths in dealing with stress. It is a method that finds clients' capabilities and successful attempts in life so that clients identify their positive points and overcome the problem by themselves. This approach is popular in clinical psychology since it targets pragmatic objectives, examining how people clarify their suffering and empowering clients' participation (Payne, 2014). Clients have the full right to choose what they want to achieve in the future and use the resources they have to figure out their suffering. Clients are inspired to trust that good turning points always happen and follow their designed practices (Murray, 2021). Ayar & Sabancio~gullari (2022) applied solution-oriented therapy (SOT) for depressive patients, and it was found that it helped minimize the depression of patients.

Furthermore, it enhanced the performance and thinking process of depressive patients. Moreover, solution-oriented therapy is used by Rafie et al. (2021) to help diabetic women relieve mental illness. Diabetic women are very discouraged and irritable. The majority use negative mindsets to overcome their diseases. Utilizing SOT for those women increases self-confidence in managing their condition and recovering from mental sickness. Then it lets clients know their ability to handle stress using their positive strengths successfully. Likewise, this solution-oriented therapy is also used in helping university students to solve social anxiety. After students in the treatment group were provided six sessions of SOT, they admitted that their fear and fear of social problems decreased (Sagar, 2021).

### **Case Background**

Van (a nickname) is an undergraduate student pursuing a university degree in physics. Among six siblings, Van is the youngest and nurtured well in a well-doing family. The oldest brother is a dentist, and the second and third siblings own businesses. It can term that Van descends

from a wealthy family who knows how to run a business. He is also expected highly to inherit his family business. The two turning points happened in his life: the pandemic in 2020 and the coup on February 1<sup>st</sup>, 2021. It is not only the turning point for him but also Myanmar. The pandemic disturbs the everyday life of every single person and economic growth. Myanmar, the Least Developed Country (LDC), has a poor education system, and e-learning needs to be implemented; the pandemic caused schools to be closed. In addition, the coup also compounded the chaos in Myanmar.

Most Burmese join the Civil Disobedient Movement (CDM) to protest the military. Van is the one who joins CDM and does not go to school (the military forcibly opens schools). Within two more years, he has no job but spends his time reading books, watching movies, and working out physical exercise. The longer Van has no job, the more complaints Van receives from his father. He forces himself to go to school but resists his father's suggestion. Over time, the frequent complaints Van receives cause depression. His father advises him to work in his three elder brothers' businesses, but he does not want to since he is not interested in doing business but in community work. Van wants to finish his study but does not want to go to a university managed by the military and also wants to work outside, but the military coup and pandemic do not favor him to find a job. His everyday life is full of anxiety, distress, and uncertainty.

## **Method**

### ***Research Design and Participant***

It is a qualitative case report study using Greene and Lee's solution-oriented practice. Only one participant is purposively selected to analyze Greene and Lee's solution-oriented approach. This analysis focuses on how to help a mental distress student using solution-oriented practice and, at the same time, evaluate the practice's strengths and weaknesses (see Table 1.).

Table 1. Greene and Lee's Solution-oriented practice

<b>Action</b>	<b>Aim</b>
Engagement	Constructing the treatment framework together with the client
Active listening to client experience	Identifying and analyzing the root causes of the client's suffering.
Identify the client's own goal.	Making the concrete goal client wants to achieve.
Constructing the client's solution matrix	Identifying the resources clients have and strategizing the possible approaches to reach the goals client sets
Mediating the interrupted phase	Modifying the model client designs if it disrupts. Find an alternative if the first step does not contribute to obtaining a

	change for the second step.
Cessation and monitoring	He encourages clients to complete the framework he designs and is involved in self-reviewing for both practitioner and client.

**Data Collection**

An in-depth interview arranges using a semi-structured questionnaire. In the consultation, fundamental questions are carefully designed to know the client's suffering, his daily routines before the pandemic and coup, his resources, and what he wants to achieve by following Greene and Lee’s solution-oriented framework.

**Ethical Consideration**

The client reserves the right to continue or exit the interview. Before the interview starts, the client has explained the steps that will take, the length of the interview, and the process in advance. Permission is to note down what he expresses, and the client has clearly explained that the notes will destroy after case analysis. In addition, the client is reminded to follow his framework and put effort into each step. The client will use the alias in the case report.

**Case Analysis Procedure**

The documented case story is analyzed following Greene and Lee's solution-oriented practice.

1. **Engagement:** Before any steps initiate, mutual agreement and trust are constructed between the interviewer and the client to work on the case, and the client is responsible for carefully considering the framework he sets and the time he proposes. Next, the appointment dates are so defined.
2. **Listening to the client’s story:** On the proposed date, the client is interviewed and guided by semi-structured questions. However, active listening is paid to the client's disclosure without interruption until he finishes. After that, confirmation will follow to ensure the interviewer understands his suffering.
3. **Identifying the problems:** Next, the root causes of the issues that cause mental distress are identified together. However, some issues are under the scope of the management, but some are beyond limitations. The problems Van suffering are
  - 3.1 Depression and Anxiety
  - 3.2 The unsmooth relationship with his father
  - 3.3 Jobless

### 3.4 Unfinished University Education

### 3.5 The Pandemic and military coup

They further categorized the problems into two groups (1) undermanagement and (2) beyond management. The pandemic and military coups are away from manipulation. However, their jobless and unhealthy relationship with their father is in the scope of management. To continue university education is radically related to his ethical conception of responsibility. It is his unshakeable belief that he could do to protest the military though his father forces him to carry on. Not going to school and joining CDM is one of the silent strikes he could do to reject the military regime.

The following diagram depicts Van's case story (see Figure 1.).

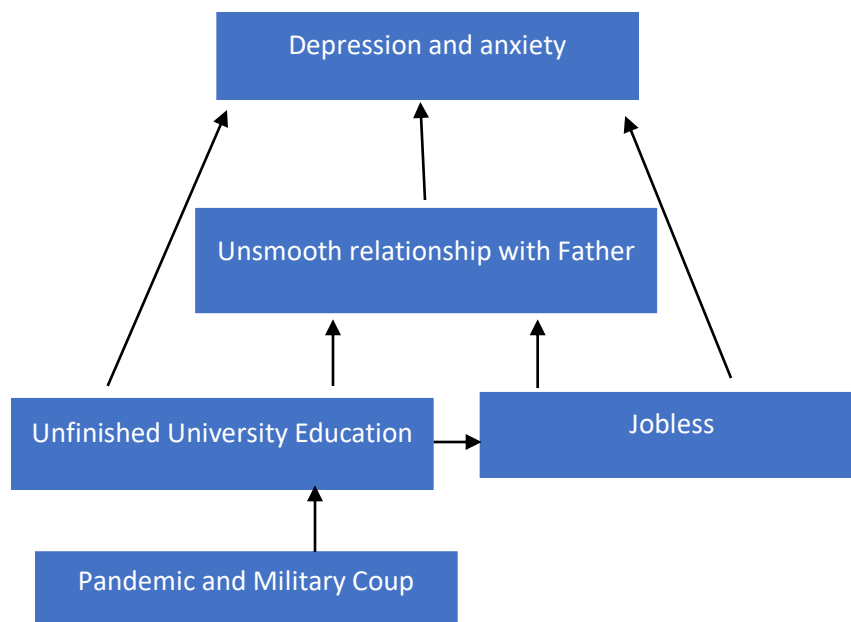


Figure 1. The figure of Van's case story.

4. **Constructing the goals and solution pattern:** After doing the first part of the process, the second part is constructing the plans he wants to achieve.

The goals Van sets up are as follows (see Table 2.)

Table 2. Van's goals and resources

Goals	Resources
1. Self-evaluation	Van is doing a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to realize his capabilities to feel independent and solve his suffering with what he has. Then, strategizing the SWOT analysis ensures he behaves suitably in the situation.
2. To seek a part-time job	Van's three brothers own businesses and his relatives work in non-profit organizations. He could work in his brothers' works or intern in non-profit organizations.
3. To construct a good relationship with Van's father	Discussing his plan and following some of his father's suggestions or compromising.
4. To do online study	Wifi is available in Van's home so he can do online studies about his major.
5. To continue working out physical exercise or regular self-development activities	Van could work out at a nearby gym and read the books he has bought that are related to politics and personal development in his mini library.

5. **Mediating the disrupted pattern:** After a discussion, Van sets the abovementioned goals orderly. Identifying his strengths brings motivation a lot to move further. Additionally, he also gets clues to make progress in his daily life. Then, he decided to work with his brother in the dental clinic. Therefore, he has a part-time job, so he complies with his father's suggestion and can maintain a good relationship with his father. He is doing online study after his part-time job, and regular physical exercise is regular as in the previous situation. During this study, there was no interruption.
6. **Termination and follow-up:** The whole process was done, and Van reached all his goals. We terminated the process, but regular monitoring has been done with him to know about his progress and updated situation.

## Result and Discussion

### *Focusing on Solutions rather than Problems*



Greene and Lee's solution-oriented practice focuses not profoundly on the client's problem but on the solution for the clients to figure out problems. Therefore, the solution-oriented approach becomes effective and widely used for mentally depressed persons (Ayar and Sabancıoğullari, 2022 & Bakker et al., 2010)

It is optional to understand the exact source of the problem. The solution-oriented practice is pragmatic because it directs the client away from the pain but to effective strategic selection (Lightfoot Jr, 2014). It is crucial to differentiate the problem from the client because the client itself is not a problem. It is vital to approach the client as an individual who encounters the problems. Application of the problem approach could deteriorate the client's status quo since the client will think that problem is unchangeable. Instead of assessing the client's deficiency, a solution-oriented approach enables the client to progress and connect constructively (Payne, 2014).

### ***Identifying the Client's Strengths in Overcoming Problems***

The solution-oriented practice encourages the client to realize his potential and successful experiences. Acknowledging the successful attempts is one of the critical inputs that shed light for the client to evaluate his strengths and weaknesses and discover the threats and opportunities to overcome the depressed situation. Using the client's resources during the distressed time will help the client construct a way toward positive change (Sagar, 2021). By doing so, it would increase the positive emotion of the client. Initially, the client, as a depressed person, discloses the challenges he has. However, acknowledging and empathizing with the client's immense difficulties and highlighting the client's strengths gives a chance to a transformative situation. This solution-oriented approach provides the client with a self-reflection to realize their capabilities even when facing insurmountable difficulties (Walker et al., 2021).

### ***Increasing the Client's Sense and Emotion***

Solution-oriented practice creates opportunities for the client to participate in constructing attainable goals. Therefore, the client has clear objectives that he wants to achieve, which are better than the practitioner initially thought. The client does not stick to the complicated web but sees his desire (Bakker et al., 2010). In addition, it allows the client to select the practical strategies he thinks are the best for him. This approach inspires the client to formulate problem-solving methods. Instead of analyzing the problem and spending excessive time, the client and practitioner can quickly switch to the process (Zhang et al., 2017). When understanding the problem is less critical, then following definite strategies to solve the problem is diminished. The client can set his feasible schemes to move to his destination because his selected methods are unique and would

not fit others. Doing so empowers the client to solve his problems by himself and less dependency on the practitioners (Lightfoot Jr, 2014).

Furthermore, the solution-oriented practice differs from the other therapeutic approaches since it promotes the client's self-confidence, such as hope and anticipation for change and competency. Henceforth, the client believes he overcomes the problems through a solution-oriented approach. The negative emotions are changed into positive thoughts, essential to reach the destination (Walker et al., 2021). This solution-oriented practice is very relevant in contexts where mental distress discriminates against, and the term "psychological issue" is underrated.

### ***Ensuring the Outcome and Enhancing Learning***

Greene and Lee's solution-oriented practice ended with a termination and follow-up phase. Throughout the process, the practitioner and the client work together to shift to the client's goal. As the practitioner helps the client, it is also critical to evaluate jointly the client's progress and the strategies the client chooses. Then, it is necessary to acknowledge the client and practitioner's contribution to attaining the goal (Payne, 2014). Furthermore, the practitioner could also enrich insight into which strategies are effective throughout the process and in what situation. Besides, it is also good for the practitioner to see what a successful result would mean for the client upon the unique selection of the method (Lightfoot Jr, 2014). If the client still needs further sessions or more time to attain his goal, the timeframe could be specified/extended to work on reaching the destination. However, practicing solution-oriented, the client feels that more sessions are unnecessary (Bakker et al., 2010). It is also the same with this case analysis; no more helps for the client after the intervention of Greene and Lee's solution practice.

Moreover, the client can best analyze his resources when he understands the practice and is respected. Notably, the practitioner could not force the client to choose the strategies the practitioner suggests, but rather, the client thinks the best. Acknowledging the client's choice is very important to reach the client's goal (Walker et al., 2021).

### ***The Weakness of the Solution-Oriented Practice***

Since it is a solution-oriented practice, the role of the practitioner is to facilitate the client to reach his goal. The client is the master of this approach. He could select the strategies and plans he thinks suit him. If the client depends too much on the practitioner, the essence of the solution-oriented practice will disappear (Bakker et al., 2010). Greene and Lee's solution-oriented approach

is to generate positive client emotions to produce positive outcomes. However, if the client puts more consideration on negative points, there will be less significant outcomes (Lightfoot Jr, 2014).

## **Conclusion**

Greene and Lee's solution-oriented practice is effective in solving mental health issues. The steps are simple to help clients, and it is relevant when psychological problems and mental sickness are considered taboo. Nevertheless, clients are demanded active participation and must rely only a little on practitioners.

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