

## Quality of Life Among People with Mental Illness Attending a Psychiatric Outpatient Clinic in Ethiopia: A Structural Equation Model

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**Abstract :** Background: Mental illness is one of the most severe, chronic, and disabling public health problems that affect patients' Quality of life (QoL). Improving the QoL for people with mental illness is one of the most critical steps in stopping disease progression and avoiding complications of mental illness. Therefore, we aimed to assess the QoL and its determinants in patients with mental illness in outpatient clinics in Northwest Ethiopia in 2023. Methods: A facility-based cross-sectional study was conducted among people with mental illness in an outpatient clinic in Ethiopia. The sampling interval was decided by dividing the total number of study participants who had a follow-up appointment during the data collection period (2400) by the total sample size of 638, with the starting point selected by lottery method. The interviewer-administered WHOQOL BREF-26 tool was used to measure the QoL of people with mental illness. The domains and Health-Related Quality of Life (HRQoL) were identified. The indirect and direct effects of variables were calculated using structural equation modeling with SPSS-28 and Amos-28 software. A p-value of < 0.05 and a 95% CI were used to evaluate statistical significance. Results: A total of 636 (99.7%) participants responded and completed the WHOQOL-BREF questionnaire. The mean score of overall HRQoL of people with mental illness in the outpatient clinic was (49.6 ± 10 Sd). The highest QoL was found in the physical health domain (50.67 ± 9.5 Sd), and the lowest mean QoL was found in the psychological health domain (48.41 ± 10 Sd). Rural residents, drug nonadherence, suicidal ideation, not getting counseling, moderate or severe subjective severity, the family does not participate in patient care, and a family history of mental illness had an indirect negative effect on HRQoL. Alcohol use and psychological health domain had a direct positive effect on QoL. Furthermore, objective severity of illness, having low self-esteem, and having a history of mental illness in the family had both direct and indirect effects on QoL. Furthermore, sociodemographic factors (residence, educational status, marital status), social support-related factors (self-esteem, family not participating in patient care), substance use factors (alcohol use, tobacco use,) and clinical factors (objective and subjective severity of illness, not getting counseling, suicidal ideation, number of episodes, comorbid illness, family history of mental illness, poor drug adherence) directly and indirectly affected QoL. Conclusions: In this study, the QoL of people with mental illness was poor, with the psychological health domain being the most affected. Sociodemographic factors, social support-related factors, drug use factors, and clinical factors directly and indirectly, affect QoL through the mediator variables of physical health domains, psychological health domains, social relation health domains, and environmental health domains. In order to improve the QoL of people with mental illnesses, we recommend that emphasis be given to addressing the scourge of mental health, including the development of policy and practice drivers that address the above-identified factors.

**Keywords :** quality of life, mental wellbeing, mental illness, mental disorder, Ethiopia

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