Psychosocial Factors as Predictors of Mental Health Challenges Among the Aged in Southwestern Nigeria

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Abstract
This paper examined psychological factors as predictor of mental health challenges among the aged in south-west Nigeria. The study adopted a descriptive research design. Two hundred and twenty five 225 old people participated as respondents. Purposive sampling method was adopted to select respondents from Lagos, Ogun and Oyo States. A self-developed and validated questionnaire tagged QPFPMHC with a reliability co-efficient of 0.73 was used as instrument for data collection. Administration was done with the help of four 6 research assistants. Data was analysed using frequency count, percentages, Pearson Product Moment Correlation (PPMC) and analysis of variance (ANOVA). Hypotheses were tested at 0.05 level of significance. The result showed that there was a significant relationship between psychological factors and mental health challenges in the elderly (r = .176, N= 225). It was also deduced that there was a significant relationship between sociological factors and mental health challenges among the elderly (r = .474, N= 225). A co-efficient of multiple correlation R = 0.251 and a multiple R^2 of 0.063 was obtained. It implied that the joint contribution of the independent variables was significant on the dependent variable. The study concluded that mental health challenges in the elderly are of sociological and psychological origin. Early detection of challenging mental behavioural and psychosocial symptoms would help to establish appropriate diagnoses and subsequent treatment of mental health challenges among the aged. The study recommended that psychological support for the elderly is germane to their mental health sustainability.

Key words: Aged, Psychological and Sociological factors, Mental health, Mental challenges, Loneliness, Emotional well-being.

Introduction

Mental health and emotional well-being are two important health issues among the elderly and any other age group. The aged make important contributions to the society as family members, volunteers and are active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or

substance use problems as well as physical illness or disability. The World Health Organization WHO (2013) postulated that the population is ageing rapidly. The most common neuro-psychiatric disorder in the elderly is dementia and depression. Mental health challenges and disorders have many different signs and symptoms and can look different in various people. It can have impact on how people think, feel, and behave. Some common symptoms of mental challenges are: mood changes, changes in perception of things, obsession, fear of unknown origin and anxiety.

Mental health is seen as a level of *psychologicalwell-being* or an absence of a *mental disorder*. It is also referred to as the psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment.From the perspective of *positive psychology* or *holism,* WHO (2012) affirmed that, mental health may include the ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. (2012) further said that, mental health include: subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others. The well-being of an individual is encompassed in the realization of his/her abilities, coping with normal stresses of life, productive work and contribution to their community. Mental health highlights *emotional* well-being, the capacity to live a full and *creative* life, and the flexibility to deal with life's inevitable challenges.

Mental health challenges may result from the worries experienced as part of everyday life to serious long term conditions, many of those who experience this can get over them or learn to live with them. Ojedokun (2018) classified mental health challenges into two groups namely, neurosis and psychosis. Neurosis is the severe form of emotional experiences such as depression and anxiety disorder which tends to be more common especially in the elderly. The less common group is the psychotics which interfere with the perception of reality. It includes hallucinations which could be tactile, auditory, or visual. Anxiety disorders is said to affect most of the elderly population. Most mental health problems in the elderly are unidentified by health care professionals and older people themselves. The stigma surrounding mental illness makes people more reluctant to seek help. Multiple sociological, psychological and biological factors determine the level of mental health

of a person at any point in time. Because the typical life stressors are common to all people, many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems which require some form of long term treatment or care.

World Health Organisation (WHO) (2013) found that approximately 15% of adults aged 60 and over suffer from a mental disorder. WHO further said psychological factors affecting an individual are of three types namely: personality traits, psychodynamic processes and learned cognitions and behaviours. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people. Mental health has an impact on physical health and vice versa. For example, and according to WHO, older adults with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Ojedokun (2017) affirmed that, maltreating the elderly can lead to physical injuries and sometimes long-lasting psychological consequences such as depression and anxiety.According to Richards, Campania and Muse-Burke (2010), emotional abilities are associated with behaviors such as stress management and physical health. People who lack emotional expression are inclined to anti-social behaviors. These behaviors are direct reflection of mental health challenges. Self-destructive acts may take place to suppress emotions. Retirement, death of loved ones, increased isolation and medical problems can lead to depression in the elderly. Signs and symptoms of depression in the elderly according to Richard et al (2010) include: sadness, fatigue, sleep disturbance, losing interest in pleasurable positions loss of self-worth and hopelessness. It is pertinent to say that, people do not often recognise the symptoms of depression in older adults because they coincide with other late life problems.

A mental challenge is any disease or condition affecting the brain that influences the way a person thinks, feels, behaves and or relates to others in his or her environment. Ojedokun (2016) listedsome mental health challenges as: depression or bipolar disorder, anxiety disorder, schizophrenia, obsessive-compulsive disorder, stress disorder, social phobia, eating disorders(anorexia, bulimia or over-eating) among others. Symptoms of mental challengesinclude: confused thinking, long-

lastingsadness, or irritability, extreme high and low mood, excessive fear, worrying or anxiety, social or familywithdrawal, dramatic changes in eating or sleeping habits, strong feelings of anger, delusions or hallucinations(seeing or hearing things that are not really there), increased inability to cope with daily problems and activities, thoughts of suicide,denial of obvious problems, many unexplained physical problems, abuse of drugs and alcohol and so on.

Mental challenges may originate from a combination of genetic, biological, psychological and environmental factors. It should also be noted that, they are not the result of personal weakness, character defect or poor upbringing. In the same vein, recovery from mental challenges is not simply a matter of will and self-discipline.Some important social factors include: religion, ethnicity, family, physical status, economic status, education, location, life partners, children and political systems. Premised on the above, Nadia & Orrell (2013) found that numerous factors affect or direct lifestyles in any population. Some other social factors include family life, school environment, violence in the home, weak or strong social ties (such as a lack of strong friendships), socioeconomic status, neighbourhood (clashing or cohesiveness of cultural norms), education level obtained, poor social influences (such as gang behaviour), societal norms and influences (such as farming community versus inner-city), and religious influences.

In the same trend, Ojedokun (2017) found that psychosocial factors reflect dynamic relationship between psychological and sociological processes. Psychological processes are internal; they include thoughts, feelings, emotions, understanding and perceptions. Further, social processes are said to be external and comprise of social network, community, family intimacy and conducive environment. It is important to remember that anyone of these areas will influence others. Similarly, ones traditions, customs and community have an influence on how an individual feels or responds to issues in life**.** Psychological factors refer to thoughts, feelings and other cognitive characteristics that affect the attitude, behaviour and functions of the human mind. These factors can influence how a person thinks and later affect his decisions and relations in his daily life.The three known psychological factorsare personality traits, psychodynamic processes and learned cognition. Human beings learn through their day to day interaction. This in turn, leads to

psychodynamic processes that affect or influence their personality traits. Psychological factors lead to the dynamismof the human mind and their behaviours. People subconsciously refer to their psychological factor to approach different life situations.

Old age consist of ages nearing or surpassing the life expectancy of human beings. Tomaka, Thompson, and Palacios (2006) confirmed that regenerative abilities among theold people are limited and they are more susceptible to disease, syndromes, and sickness than younger adults. Some other terminologies include: the organic process of *ageing* is called '*senescence'*; the medical study of the aging process is '*gerontology'* and the study of diseases that afflict the elderly is '*geriatrics'*. People above age 65 – 70 years also face other social issues such as *retirement*, loneliness, and *ageism*. Old age is chronological and it varies culturally and historically. At the same time, WHO recognized that the developing world often defines old age not by years, but by new roles, loss of previous roles, or inability to make active contribution to society. In developed countries, most people in their 60s and early 70s are still fit, active, and able to care for themselves However, after 75, it is believed that old people become increasingly frail, a condition by serious mental and physical debilitation. Old age characteristics, according to Ojedokun (2017), do not occur at the same chronological age for everyone. Somephysical marks of old age include: bone and joint pains, chronic and debilitating diseases, dental problems, digestive system and eyesight problems. Others include: falls, hearing defects, heart dysfunctions, immune function problems, lungs pain, sexual dysfunctions, skin and sleep disturbances among others. Mental marks of old age include adaptablecautiondepressed mood, fear, mental disorders, and reduced mental and cognitive ability

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Many old people lose the ability to live independently because of mental or physical problems. They therefore require some form of long-term care. According to

the National Association of Social Workers (2009), old people are more likely to experience events such as bereavement, a drop in socio-economic status with retirement, or a disability. All of these

factors can result in isolation, loss of independence, loneliness and psychological distress in older people. Mental health has an impact on physical health and vice versa. Older adults are also vulnerable to physical neglect and maltreatment. Elder maltreatment can lead not only to physical injuries; but also to serious, sometimes long-lasting psychological consequences, including depression, dementia and anxiety.

Mental health of older adults can be improved through promoting active and healthy ageing. Mental health promotion for the older adults involves creating living conditions and environments that support wellbeing and allow people to lead healthy and integrated lifestyles. The National Association of Social Workers (2009) further affirmed that promoting mental health depends largely on strategies to meet old peoples' needs. These include: providing security, freedom, adequate housing, social support, health care and social programmes such as violence or older adults maltreatment prevention programmes, and community development programmes. Prompt recognition and treatment of mental, neurological and substance use disorders in older adults is essential. Schnittker (2007) recommended both psychosocial interventions and medicines. In the same vein, early diagnosis in order to promote early and optimal management is highly important. Optimizing physical and psychological health, including identifying and treating accompanying physical illness may help the old people to overcome mental health challenges. It is also needful to increase physical and cognitive activity and optimizing well-being. Early detection and management of challenging behavioural and psychological symptoms including providing information and long-term support to caregivers are important steps to avoid mental health challenges.

Good general health and social care is important for promoting older people's health, preventing disease and managing chronic illnesses. Ojedokun (2017) suggested that training all health providers working with issues and disorders related to ageing is very important. Effective, community-level primary mental health care for older people is also crucial. It is equally important to focus on the long-term care of older adults suffering from mental disorders, as well as to provide caregivers with education, training and support. An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of services to

people with mental illness and their caregivers. WHO (2012) recognizes dementia as a public health priority. The report aims to provide information and raise awareness about dementia. It also aims to strengthen public and private efforts to improve care and support for people with dementia and for their caregivers. Dementia, along with depression and other priority mental disorders are included in the WHO Mental Health Gap Action Programme (MHGAP). This programme aims to improve care for mental, neurological and substance use disorders through providing guidance and tools to develop health services in resource poor areas.

Implication of the Study to Social Work Practice

1. Social workers need to know that situational factors that affect old people such as retirement, death of loved ones and stressors such as financial challenges may precipitate mental health challenges.
2. The social workers need periodic boosting of knowledge to carry out their duties to promote wellness, prevent mental health challenges, early intervention and outreach services in the health care facilities for all older adults and their caregivers.
3. The profession need to recruit more social workers to take care of the needs of the aged in the society; hence there is the need for gerontology social work professionals in order for them to understand the aged the more.

There are three major theories of ageing. These include: Activity theory; continuity theory and disengagement theory. Activity theory is more of descriptive meta-theory framework than a predictive theory. It considers work activity (including teams and organisations etc.). This system includes objective(s), rules, community and division of labour; it explains social artefacts. Activity theory proposes that successful ageing occurs when older adults stay active and maintain social interaction. The continuity theory of normal ageing states that older adults will usually maintain the same activities, behaviour and relationships as they did in their earlier years of life. The continuity theory is of the three psychosocial theories which describe how people age. The third theory; Disengagement theory state that ageing is an inevitable, mutual withdrawal or disengagement resulting in decreased interaction between the ageing

person and others in the social system he or she belong to. The theory claims that it is natural and acceptable for older adults to withdraw from the society. These theories stem from Erickson's theory (1989) 'psychosocial crisis' which is an extension of Sigmund Freud's use of 'crisis' which also represents internal emotional conflict. The preeminent theory emerging from this study is socio-emotional selective theory. According to Steptoe and Deaton (2015), it posits that as people age, they accumulate emotional wisdom that leads them to select more emotionally satisfying events, friendships and experiences.

Statement of the Problem

The aged are helpless in certain arrears of life including poor feeding, filthy environment, and loss of temperature control resulting in to hypothermia among others. Because of chronological age of sixty five years and above, there may be loss of innervation to some body organs. These may make life unbearable as they express dissatisfaction when someone helps to clean up their body, remove waste products such as urine or faeces. Life could be meaningless to some of them due to loss of body functions and or loss of loved ones. The aforesaid may make them to sometime weep uncontrollably and they may develop mental health challenges. Other factors that are closely related to these mental health challenges prevent the older adults from enjoying life to the maximum. These factors include: loneliness, low economic status with retirement, loss of spouse and other family members. Some lose their ability to live independently because of limited mobility caused by old age or physical illness that may require long term care. All of these problems may result in isolation, loss of independence and psychological distress in the elderly. The stigma surrounding mental illness may make old people reluctant to seek for help. The Nigerian society obviously has no provision or source of support for the elderly. The wrong notion is that old people are of less importance to the society. Some of the offspring of the old people find it difficult to accommodate the excesses, ill-health and social implication of keeping the old people within their reach or home; forgetting that some of this people could act as care givers and even volunteers in the society and that they had once served them as parents. The old people however need family and societal support and most importantly, the support of health care givers especially the social workers. Maintaining good mental health is crucial to living a long and healthy life.

Good mental health can enhance one's life, while poor mental health can prevent someone from living an enriching life. It is against this background that this study seeks to know how psychological and sociological factors could predict mental health challenges.

Hypotheses

These are as stated below:

Ho1: There is no significant correlation between Sociological factors and mental health of the elderly.

Ho 2: There is no significant correlation between Psychological factors and mental health of the elderly.

Ho3: There is no significant joint effect of Social Factors and Psychological Factors on Mental Health of the elderly.

Methodology

Descriptive survey research design was used for this study. The researcher seeks to survey how the psychological and social factors act as correlates of mental health in the elderly.

Population: The respondents for this study were retirees from three states in the south-western region of Nigeria namely: Lagos State = 93; Ogun State = 62 and Oyo State = 70 respondents respectively. The purposive sampling technique was used to select 225 respondents for the study. They were selected from retirees from three states in the Southwest. A close-ended Likert type questionnaire(r=0.86) was used as the research instrument. The researcher with the help of 6 trained researcher assistants administered 225 questionnaires to respondents. Correctly and neatly filled questionnaire were retrieved and coded for analysis. Data were analysed using descriptive and inferential statistics of frequency count and percentages for demographic characteristics. Statistical analysis was done using Pearson Product Moment Correlation (PPMC). Hypotheses were tested at 0.05 level of significance.

Results

The results revealed that: 97 (43.11%) of the respondents were within 60-69 years, 95 (42.22%) were within 70-79 years while 33 (14.67%) were 80 years and above. The result shows that 177 (78.67%) of the respondents were Male while their female counterparts were 48 (21.33%). 105 (46.67%) of the respondents were married; 55 (25.33%) were widowed; 48 (21.33%) were divorced while 15 (6.67%) were separated. 107 (47.56%) of the respondents were Christians while 91 (40.44%) were Muslims while 27 (12.00%) were traditional worshipers. 22 (9.78%) had informal education; 17 (7.56%) had primary education; 73(32.44%) had secondary education while 113 (50.22%) had tertiary education.

H_0 1: There is no significant correlation between Social factors and mental health challenge in the elderly in south-west Nigeria.

Table 1: Pearson Product Moment Correlation Analysis showing the Relationship between Psychological factors and Mental Health Challenges in the elderly in Southwest Nigeria

Variable	Mean	Std. Dev.	N	R	P	Remark
Mental health challenge	48.7778	5.2051	225	.176*	.008	Sig.
Psychological factors	23.7822	3.4254				

*Significance at 0.05 level

The above table showed that there was a significant relationship between psychological factors and mental health challenge in the elderly in south-west Nigeria ($r = .176^*$, $N= 225$, $p<.05$). This implies that psychological factors significantly predict with mental health challenges among the elderly in south-west Nigeria.

H_0 2: There is no significant correlation between sociological factors and mental health challenges in the elderly in Southwest Nigeria.

Table 2: Pearson Product Moment Correlation Analysis showing the Relationship between Sociological Factors and Mental Health Challenge in the elderly in Southwest Nigeria

Variable	Mean	Std. Dev.	N	R	P	Remark
Mental health challenge	23.7822	3.4254	225	.474*	.000	Sig.
Sociological Factors	22.2667	3.3793				

*Significance at 0.05level

The above table shows that there is a significant relationship between sociological factors and mental health challenges in the elderly in south-west Nigeria (r = .474*, N= 225, p<.05). This implies that there is a correlation between sociological factors and mental health. Hence, sociological factors predicts mental health challenges in the elderly in south-west Nigeria. Null hypothesis is therefore rejected.

H_0 3: There is no significant joint correlation between the independent variables (psychological and sociological factors) on the dependent variable (mental health challenges) among the elderly in south-west Nigeria.

Table 3: Shows Multiple Correlation Analysis of the Joint Contribution of Psychological Factors on Mental Health Challenges in the Elderly in Southwest Niger

R	R-Square	Adjusted R-Square	Std. Error of the Estimate
.251	.063	.055	5.0612

A N O V A

Model	Sum of Squares	DF	Mean Square	F	Sig.	Remark
Regression	382.177	2	191.088	7.460	.001	Sig.
Residual	5686.712	222	25.616			
Total	6068.889	224				

Table 3 above shows a coefficient of multiple correlation of R = 0.251 and a multiple R^2 of 0.063. This means that 6.3% of the variance was accounted for by the predictor variables when taken together. The significance of the composite contribution was tested at p<0.05. The table also shows that the analysis of variance (ANOVA) for the regression yielded an F-ratio of 7.460 (significant at 0.05 level). This implies that

the joint contribution of the independent variables to the dependent variable was significant and that other variables not included in this model may have accounted for the remaining variance.

Discussion of Findings

The result of this research shows that there is a significant correlation between social factors and mental health challenges in the elderly in South-west Nigeria. The result is in line with WHO (2012) findings that multiple social factors, biological and psychological factors determine the level of a person at any point in time. The result is also in line with Carlus, and Mintzer (2013) found that mental health of the older people is a public health issue. The duo referenced WHO's definition of health as 'a state of complete physical, mental and social well-being and merely the absence of diseases or infirmity'; meaning that mental health is essential to overall health and the well-being of all peoples including the aged. In the same vein, World Health Organisation and Azheimers's Disease International (2012) earlier found that old people from age 55 years and above may have some type of mental health problem. This is an indication that most elderly people need social support to avert mental health challenges; otherwise, a break in the chain of mental health will mean an increase in the use of health care resources, length of hospital stay and overall cost of care. In the same trend, Ojedokun (2017) in his review suggested that the children of the aged should find time to relate with them; take them out with their grandchildren during holidays and festive periods. Financing the health care and home carers; food and other domestic necessities of life could command great blessings from the aged. Premised on the aforesaid, it is logical to say that one would grow old one day.

The American Association for Geriatric (2013) found that the world population is ageing. Because of the postulation that between 2010 and 2050, the number of old people over 65 years will rise from 524 million to 1.5 billion, WHO (2011) reported the consequences of old population as an increase in prevalence of mental health challenges such as dementia. Nadia and Orrell (2013) found that the role of psychosocial interventions and participation cannot be over-emphasised. This involves social contacts, relationships and meaningful engagement in activities. It has also been reported that socially active older adults have improve quality of life, health and well-being. Thus, they are likely to become depressed or isolated. As a result of this

result, it is arguable that psychosocial interventions such as cognitive, behavioural and supportive interventions can facilitate more active ageing and rehabilitation in older adults.

The study further established that psychological factors predict mental health challenge in the elderly. The study is in line with Steptoe and Deaton (2015) that psychological well-being and mental health are closely knitted. This link is believed to be more important at older ages because of prevailing increase of chronic illnesses. It is worthy to note that as life expectancy increases, the treatment for life-threatening ailments becomes pronounced. Hence, the maintenance of well-being is of paramount importance. It is further argued psychological well-being is grossly affected by many other factors other than health. Therefore, good medical attention plus adequate psychological care combined are also said to reduce the risk of chronic physical illness and promotes longevity. Thus, psychological well-being should be addressed in the measure of health evaluation. It should be considered in health care allocation. Prompt and adequate psychological care prevents future mental health challenges. This study supports Fowler and Kanik (2017) who found out that there has been serious focus on the role mental health plays in predicting who ages well because there has been increased interest on the issue of psychological factors and successful ageing. In furtherance to this, psychological factors is said to be as predictive of successful ageing as physical health factors.

The study is further in line with Bichitra (2017) that he elderly are at higher risk of developing mental illness. Reasons for vulnerability could be biological (physical illness) or psychosocial factors (immigration, social isolation and changing of family structure). Premised on the aforesaid, psychiatric illness in the elderly may go unnoticed. Therefore, the aged in the African setting should be closely monitored. They should not be isolated. As a ride to the above, it pertinent that to note that African old people do not usually cherish living in isolation. Literarily speaking, old people do not wish to stay alone at home when their children and grandchildren are away to work or school respectively. In the same vein, Gerino, Role, Sechi and Bruistia (2017) found that increasing resilience and self-efficacy and reduction of loneliness dissatisfaction are ways to reduce mental

distress in old age. Psychosocial factors according to Sirey (2008) play a significant role and greatly influence the choice of the elderly in seeking and accepting mental health interventions. It is also imperative that people's attitudes and beliefs about mental illness can promote resilience or exacerbate symptoms in adult elderly suffering from mental health challenges. The study is further in line with Caccippo, Huges, Waite and Hawkley (2006) and Steptoe et al (2006) who in their separate works agree that the joint effect of social factors and psychological factors have a significant effect on mental health challenges.

Conclusion

The study concludes that there is a relationship between psychosocial factors and mental wellness. This study also found that both psychological and psychosocial factors can predict mental health challenges. It further established that mental health challenges affect about 15 percent of the elderly. Hence, there is a need to make provision for the care and management of the old people early enough. It is further established that prompt identification of deviation from normal mental health will reduce the incidence of mental health challenges in the elderly. The study also established that psychological and biological factors were the major causes of mental health challenges in the elderly. The biological factors were majorly linked to abnormal functioning of nerve cells circuits, hereditary, certain infections like streptococcus, while the psychological factors were loss of spouse, neglect and poor ability to relate with others due to some medical ailments. To this end, the significant roles of the elderly in the family, community, religious settings, work places and secular and societal organisations cannot be undermined. Therefore, the immediate family members, children of the elderly and the community at large have significant roles to play in maintaining mental health among the elderly people. Health stake holders including social workers are advised to preach against life stressors among the aged so as to reduce the incidences of psychiatric problems in old age. Living beings must take life simple. Right and positive thinking including adequate planning may also help prevent mental health challenges in old age.

Recommendations

Based on the following findings, it is recommended that:

1. Social workers and other health professionals should create more

enlightenment on the provision of psychological support for the elderly and their care givers.

2. Health education programmes targeted at vulnerable groups, rural populations, relapsing mental and physical illnesses should be intensified at the community level.
3. Social workers and family counsellors should organise workshops, seminars that would create awareness on avoidance of maltreatment of the elderly people.
4. Trainings programmes for family members that will ensure prompt recognition of mental health challenges especially in the elderly should be recommended and initiated by the health workers. This is to allow for prompt identification and treatment of the affected individuals.
5. Government at all levels should support the old people through intervention programs to prevent mental health problems in old age. Isolation of the old people should therefore be discouraged.

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