

NIGERIAN JOURNAL
OF
SOCIAL WORK EDUCATION

VOL. 24 ISSN 1119- 28 IX

June, 2024

Published by:

Department of Social Work
University of Ibadan, Nigeria

SUBSCRIPTION AND COPYRIGHT INFORMATION

Nigerian Journal of Social Work Education is an international, fully referred journal, reporting on empirical and theoretical aspects of Social Work and related fields of study. It may be said that the significance of Social Work has never witnessed a growing awareness throughout the world as of now. The Journal which is sponsored by the Department of Social Work, University of Ibadan, Ibadan recognized the need for more international research and analysis, and the generation of relevant theory to identify policy needs and trends as well as priorities in the growing area of Social Work. While reporting current research in Social Work, the journal will endeavour to establish further development of research for Social work, more especially in the developing world.

The journal is a necessary reading for policy makers, researchers and practitioners in all the facets of Social work and Social Welfare. Members of the Editorial Board and Advisory Board are selected from several universities to address the need for wide representation and editorial expertise.

All correspondence concerning payments and order for subscriptions, advertisement and back number should be addressed to the publisher: Department of Social Work, University of Ibadan, Ibadan, Nigeria.

The Journal is published once yearly in June.

© Department of Social Work, University of Ibadan, Ibadan.

NIGERIAN JOURNAL OF SOCIAL WORK EDUCATION EDITORIAL BOARD

Guest Editor **Prof. Oyesoji Aremu,**
Department of Guidance and Counselling,
Faculty of Education,
University of Ibadan, Ibadan.

Editor-in-Chief **Prof. E.M Ajala,**
Department of Social Work,
University of Ibadan, Ibadan.

Managing Editor: **Prof. J.A Ayangunna**
Department of Social Work,
University of Ibadan, Ibadan.

Editors: **Prof O.O Folaranmi**
Department of Social Work,
University of Ibadan, Ibadan.

Prof. E.O. Olumodeji,
Department of Sociology,
University of Jos, Jos.

Prof. J.O. Fayeye,
Department of Sociology,
Achievers University, Owo.

Prof. E.O. Okafor,
Department of Sociology,
University of Ibadan, Ibadan.

Prof Yemisi L. Olaleye
Department of Social Work,
University of Ibadan, Ibadan.

Prof T.A Adebowale
Department of Social Work,
University of Ibadan, Ibadan

Consulting Editors: **Prof Miu Chung Yan,**
School of Social Work,
University of British Columbia, Canada.

Prof. Uzo Anucha, B.Sc, MSc. Ph.D
School of Social Work,
York University, Toronto, Canada

Prof. Linda Kreitzer, Ph.D. RSW
Faculty of Social Work,
University of Calgary,
Alberfa, Canada.

Prof. VishanteSewpaul,
University of Kwazulu Natal,
South-Africa.

Editorial Advisers: **Prof. Funmi Togonu Bickersteth B.Sc. MSSD, Ph.D**
Department of Psychology,
Obafemi Awolowo University,
Ile-Ife, Osun State.

Prof. Omololu Soyombo,
Department of Sociology,
University of Lagos,
Akoka, Lagos.

Business Editor: **Dr. A.B Adeoti**
Department of Social Work,
University of Ibadan, Ibadan.

Table of Contents

	Page
1. Impact of School-Based Support on Adolescent Academic Achievement in Ibadan Metropolis of Oyo State - Irete Adewale AYENI and Anita Sholayemi GRAHAM	1
2. Coping Strategies and Parent-Child Communication on Distress Disclosure among Bullied Secondary School Students in Ibadan, Nigeria - Patrick Ochege ALEJE and O. Adejumo ADEBAYO	15
3. The Moderating Influence of Church Affiliation, Age and Length of Marriage on Pastors' Wives Emotional Stability in the Ibadan Metropolis -Magdalene Azimeye AKINSANYA and David Adebayo OLUWOLE	23
4. Social Work Interventions and Older Persons- R. Olalekan ADELEKE, Ph.D	34
5. Academic Pressure and Self-Efficacy on Mental Stress among Undergraduates of the University of Ibadan, Ibadan -Akintola Aderemi OLAYIDE, Ph.D and Eniola SALAU	53
6. Childhood Sexual Assault and Its Effects on Self-Esteem of Victims in Ogun State, Nigeria- Olubanke Adeleye OLAOJO, Ph.D, Paul OJOKHETA & Foluke Oyenike AYANSIJI, Ph.D	66
7. Influence of Loneliness on the Psychosocial Functioning of Dementia Patients Attending Aged Homes in Ibadan - Abdulqudus Olansile IBRAHIM	84
8. Effects of Problem-Solving Therapy, Emotional Intelligence Training, Health Locus Control, and Self-Esteem on Suicidal Ideation among University Undergraduates in Oyo State, Nigeria- David A. OLUWOLE, B.Sc., M.Ed., Ph.D (Ibadan) and Ngozi J. EZE,	95
9. Social Work Values as Predictors of Mental Health Outcomes and Social Functionality of Athletes in Oyo State, Nigeria - Olufemi Adegbola ADEGBESAN & Jane ADEBUSUYI	106
10. Public Perception of Mental Health Relapse during Economic Hardship among Older Adults in Ilorin Metropolis, Nigeria - Sunday Evaristus ABONYI, Ph.D & Salahu Tunde SALIMAN	117
11. Impact of Social Work Interventions on The Well-Being of Vulnerable Children on Ibadan Abdul-Lateef Bisi ADEOTI, Ph.D, Nurat Olabisi IFIDI and Omalayo Foluso LORI	129
12. Assessing the Effectiveness of the Safe School Initiative In Northeastern Nigeria: A Policy Evaluation in Conflict-Affected Contexts -Benedicta Omeghie ISUNUEO, Ph.D	142
13. Effectiveness of Gradual Release of Responsibility Instructional Model (Grrim) on Academic Achievement and Retention in Mathematics among Slow Learners In Primary Schools in Afikpo Urban, Ebonyi State - Jasper. C. NWOKORIE, Nkechi G. DIBIA, Ph.D & Charity O. IGBOKWE, Ph.D	160

14. Effect of Informal Communication On Workers' Response To Organizational Policies Margaret 'Bola ONI, PhD	175
15. Evaluation of Social Welfare Services for People Living With Disabilities in Selected Rehabilitation Centres in Ibadan Metropolis -Ajoke Rebecca ALONGE	186
16. Influence of Unemployment and Family Dynamics on Mental Health of Youth in Ido Local Government, Oyo State, Nigeria - Oluwatosin Folasade OWOLANKE	201
17. Impact of Social Work Intervention on Psychosocial Well-Being of Pupils in Selected Public Schools in Ibadan North Local Government Area, Oyo State -H.T. OYETUNDE, MSW and O.O. FOLARANMI, Ph.D	212
18. Family Instability and Social Media as Correlates of Deviant Behaviour among in School Adolescents in Oyo Town - Oyekola Olukayode OYELADE, Ph.D	227

PUBLIC PERCEPTION OF MENTAL HEALTH RELAPSE DURING ECONOMIC HARDSHIP AMONG OLDER ADULTS IN ILORIN METROPOLIS, NIGERIA

Sunday Evaristus ABONYI, Ph.D

&

Salahu Tunde SALIMAN

Department of Social Work,
University of Ilorin,
Kwara State, Nigeria

Abstract

In the wake of the recent subsidy removal by the Nigerian government in May 2023 and the resultant economic downturn, there seems to be rising cases of re-occurrence of mental health disorder among different segments of the population. This study explored the perceived views of the public residents in Ilorin metropolis on mental health relapse among older adults in the context of current economic hardship in Nigeria. The study adopted mixed approach which combines both quantitative and qualitative designs. Structured questionnaire and In-depth Interview (IDI) formed the major instruments of data collection while inferential statistics and thematic approach were used in the analysis of the data. Findings from the study revealed a positive relationship between mental health relapse for older adults and distressing economic conditions in Nigeria. It was further revealed that lack of money, poor accommodation, unemployment, high cost of food and other necessities, hunger, debt and other stress related conditions had made many older adults who once experienced mental health problems to relapse with depression being the most re-occurring one. The study, therefore, concluded that economic and developmental policies of the government should prioritize mental health wellbeing, especially for the older segment of the population and that of the entire citizens. There is also the need for collaboration among various stakeholders and experts in psychiatry, social work, psychology, counseling and others so as to provide congenial environment for policy formulation.

Keywords: *Economic hardship, Mental health, Older adult, Public perception, Relapse*

Introduction

Globally, the population of the older adult is increasing in exponential proportion. According to the World Health Organization (WHO, 2024), there was 1.1 billion people aged 60 years and above in 2023 and which is projected to be 1.4 billion in 2030 and 2.1 billion in 2050 respectively. Nigeria is also experiencing this unprecedented increase which has earned her the largest and the most

populous in Africa continent with over 260 million people and with 6% of the overall population consisting of older adults (60 years and above). Despite the fact that the country claims to be the giant of Africa, the wellbeing of older persons in Nigeria is yet to be given desired attention (Ezeakor & Nnaemeka, 2023). Many older adults in Nigeria in addition to the problems of decline in physical functioning, relationship

challenges, financial constraints, reduction/difficulties in daily activities and others are constantly battling with mental health disorders such as depression, anxiety, schizophrenia, substance/alcohol use disorders (Omotosho et al, 2024). The authors also stated that generally, up to one-quarter of people living in Nigeria have experienced one form of mental disorder or the other with older adults occupying about 3.26% out of this total population (Omotosho, 2025).

Mental health being a veritable aspect of individual's wellbeing is a valuable resource that promote productivity in every society (Ani et al, 2024). World Health Organization (WHO, 2014) described mental health as a state of wellbeing in which an individual is expected to realize his or her abilities, cope with the normal stressors of life, work productively and be able to contribute his/her own quota to the development of the society. In many societies, including Nigeria, mental health problems or disorders have become very common particularly among the older adults. Ezeakor and Nnaemeka (2023) argued that mental health problems among the older adults is not restricted to physiological changes but an outcome of loneliness/isolation, physical/verbal abuse, abandonment/neglect, financial distress, loss of dignity, anxiety and depression among others. In some communities, people may have another interpretation of this disorder and could attribute it to witchcrafts or evil spirits and punishment from God for individuals who may have committed a crime or abominable act (Okundayo, 2020). Owioye (2024) on the other hands, opined that such situations like poverty, inequality, violence or conflicts are capable of exacerbating mental illness among people of different socio-demographic structures. The economic burdens associated with mental

disorder according to the author includes; increase in cost of healthcare services, reduction in productivity and diminishing wellbeing or quality of life.

Many older adults in many countries are usually confronted with the paradox of dwindling financial resources and the geometric rise in medical expenses and transportation to health centres for treatments (Animasahun & Chapman, 2017). The authors argued that this unpalatable situation has made the older adults to feel less self-worth or inferiority and resulting to mental illness. Similarly, Obokoh and Athekame (2024) remarked that a greater number of older persons in Nigeria and other African countries are entangled in what seems to resemble a cycle of financial uncertainty and hopelessness/despair, making it absolutely difficult to fend for their families. The authors also stated that in the periods of economic hardship that resulted from fuel subsidy removal in Nigeria by President Ahmed Bola Tinubu led government, many people including the older adults who act as family bread winners in addition to other responsibilities were overwhelmed with intense pressure and stress as a result of the increasing cost of items in the market, especially food and other consumable goods. The situation became very pathetic and distressful such that people that had experienced mental problems in the past were in dilemma leading to a kind of relapse or re-occurrence of cases of mental illness dictated by as the harsh economic realities (Omotosho et al, 2024). Owioye (2024) opined that anxiety and depression seems to be the most prevalent among other forms of mental disorders capable of re-occurring in the periods of economic hardship. What this means is that if someone who had depression before gets into difficult economic situation as witnessed during the 2023 fuel subsidy

removal in Nigeria and 2022-naira re-design exercise witnessed under President Muhammadu Buhari's administration, the individual may likely have a re-occurrence of depressive symptoms of mental illness as he/she can no longer actualize his/her dreams because of economic adversities (Obòkoh & Athekame, 2024).

Obidigbo (2021) in the same vein opined that economic hardship affects peoples' ways of thinking and their general behaviours. The author also revealed that many older adults, especially men who may have experienced substance/ alcohol disorder in most cases tend to relapse as a coping strategy for emotional or psychological problems. This implies that the economic conditions in many countries, including Nigeria, have given rise to high level of emotional disorders and mental illness among the ageing population. A great number of people become frustrated and highly worried in their various undertaking as a result of economic shocks meted on their wellbeing (MCDaid et al, 2013). Obiotika (2023) also stated that as a result of economic hardship, hunger and poverty, many people see Medicare only in their dreams resulting to depression, anxiety and post-traumatic stress disorders. This situation is far different from what is obtainable in the precolonial African societies where the wellbeing of older family members was undertaken by the extended family system and the society with efforts geared towards curbing all circumstances that could generate mental illness for older adults (Tesfaye, 2020, Ezeakor & Nnaemeka, 2023).

Relapse in mental illness, especially among the older adults here refers to the re-occurrence of the individual's previous illness after a period of full or partial recovery (Birhan, 2025). It is a return or worsening of symptoms of mental health conditions after a period of improvement or remission. It also

represents a setback in the recovery process and which is capable of affecting various aspects of the individual's life. Dun (2018) remarked that the relapse rate among individuals with mental disorder could be influenced by various factors such as duration of the illness, nature of mental illness, frequency of the episode, social supports, medication adherence, duration of medication cessation, hospitalization history, symptom severity, current functioning and socio-demographic features.

Despite significant studies in developed countries and other developing nations on mental illness relapse among different segments of the population, not much have been conducted in Nigeria with focus on older adults, especially in Ilorin metropolis. Understanding the nature of economic hardships that promotes relapse in mental illness can guide specific actions to mitigate its impacts in the future and enhance the overall wellbeing of the ageing population in Nigeria. This study, therefore, filled the gap in knowledge by exploring the perception of the general public in Ilorin metropolis on issues related to mental illness relapse among older adults under the economic hardship that had enveloped Nigeria. Specifically, the following objectives were pursued: (i) To find out the relationship between income or financial status and mental illness relapse among older adults (ii) To ascertain whether the job or occupational status of older adults has influence on mental illness relapse among older persons in Ilorin metropolis (iii) To examine the relationship between areas of residence and mental illness relapse among older adults in Ilorin metropolis and finally (iv) To ascertain the role of social workers in addressing issues related to mental illness relapse among older adults. (v) Finally, to make some recommendations based on the study findings.

Methods

Study Setting

The study was conducted in Ilorin metropolis which is the capital city of Kwara state in the North Central Nigeria. It is located on latitude $8^{\circ} 24' N$ and $83^{\circ} 6' N$, Longitude $4^{\circ} 10' E$ and $40^{\circ} 36' E$ of the equator and situated between the densely populated south west and middle belt of Nigeria. The metropolis is made up of three Local Government areas: Ilorin west, Ilorin East and Ilorin south with a greater percentage of the population engaged in agriculture, although a sizeable proportion are seen in allied businesses and civil service. Many educational institutions are located in the metropolis including the prestigious University of Ilorin. The dominant language spoken by the people is Yoruba although English is used, especially in key official activities while Islam and Christianity form the major religious affiliation of the people. The estimated population of the area by the last quarter of 2025 stands at 1,099,960 (NPC, 2024)

Study design

The study employed the mixed method which combines both the quantitative and qualitative data collection techniques to explore the perception of people resident in Ilorin metropolis on mental illness relapse under the economic hardship in Nigeria. In other words, structured questionnaire formed the data collection instrument for the quantitative technique while in-depth interview was used for the qualitative data. The items in the questionnaire and interview guide were pre-tested to ensure precision and relationship with the study objectives.

Sampling procedure

The multi-stage sampling technique was adopted. The three local government areas: Ilorin East, Ilorin South and Ilorin West were stratified into three. From each of the council

area or strata, one general hospital or government owned medical centre was purposively chosen as they offer mental health services to patients. The medical centres or government hospital chosen were Kwara state General Hospital, Taiwo Road (for Ilorin west), University of Ilorin Medical Clinic (for Ilorin south) and the University of Ilorin Teaching Hospital (for Ilorin East). Systematic random sampling was used to select ten (10) respondents from the list of patients currently receiving treatments and those attending mental health check-up in different days within the mental health and behavioural units of each of the hospitals totalling 30 respondents. The 30 respondents were then administered with questionnaire that consisted of open and close ended items with the help of one research assistant. In addition, two respondents from each of the hospitals who were not part of the questionnaire were selected and subjected to in-depth interview. This served as a complement to the questionnaire data. The interviews which consisted of semi-structured questions and which lasted between 30-45 minutes were conducted in the Hospital premises using English and Yoruba, depending on respondent's language proficiency.

Data Analysis

Data collected from the questionnaire were coded and analysed using SPSS (version 26.0). Frequency distribution, tables and percentages were used to explain individual variable. The qualitative data was on the other hand analysed thematically. The sub-themes were identified based on the nuances of respondents' views and were subsequently grouped into broader themes to inform the study objectives.

Findings

Table 1: Socio-demographic profiles of respondents (N=30)

Variables	Frequency	Percentage (%)	
Gender			
Male	19	63	
Female	11	37	
Age (in years)			
60-64	16	54	
65-69	10	33	
70+	4	13	
Marital status			
Single		0	0
Married	21	70	
Ever-married	9	30	
Educational Level			
Primary	10	33	
Secondary	12	40	
Tertiary	8	27	
Occupational/job status			
Active in service/Business	9	30	
Retired	21	70	
Income level			
Below N50,000.00	8	27	
N50,000.00- N150,000.00	13	43	
N151,000.00- N251,000.00	6	20	
N252,000.00 and above	3	10	
Residential status			
Urban area	17		57
Rural area	13	43	

Source: Researchers' Field survey, 2025

The respondents' socio-demographic characteristics were examined as displayed in the above table (Table 1). Majority of the respondents (63%) were males while the remaining 37% were females. The age of respondents ranged from 60-64 years (54%), 65-69 years (33%) and 70 years/above (13%) for questionnaire and 60 years and above for the interview participants. Respondents' marital status showed that a greater percentage (70%) were married and the remaining 30% were ever married while none

was single. The educational levels of respondents showed that majority of the respondents possessed secondary and primary educational certificates (40% and 33%) leaving the remaining 27% of respondents with tertiary educational certificates. Similarly, the income level of respondents revealed that greater percentage (43%) were within the income of N50,000-N150,000 followed by 27% of respondents who fell within the income level of below N50,000 per month. The respondents' occupational status

showed that only 30% were still in active service/businesses while the greater percentage (70%) had retired in their various economic engagements. Finally, respondents'

residential status showed that majority of them (57%) were urban dwellers while the other 43% resided in the rural areas.

Table 2: Respondents' view on common mental disorders among older adults amidst economic hardship

Respondents view	Frequency	Percentage (%)
Depression	8	26.5
Anxiety	10	33.3
Substance/alcohol disorder	5	16.7
Sleep disorder	4	13.3
Psychosis	3	10.2
Total	30	100

Source: Researchers' Field survey, 2025

Table 2 showed the respondents' views on common mental disorders associated with relapse among older adults in Ilorin metropolis with anxiety and depression (33.3% and 26.5%) recording higher, followed by substance/alcohol use disorders (16.7% and 13.3%) while only 10.2% of respondents mentioned psychosis.

Relationships between Income level and relapse in mental illness among older adults

The study examined respondents' views on the relationships between the financial status or income level and relapse in mental illness among older adults in Ilorin metropolis in the context economic hardship. Respondents' views were captured as seen in Table 3 below.

Table 3: Respondents' views on the relationships between Income level and relapse in mental illness among older adults

Respondents' views	Level of Income per month				Total
	Below N50,000	N50,000- N150,000	N151,000 N251,000	N252,000 and above	
High level of relapse	6 (75%)	9 (69%)	5 (83%)	2 (67%)	22(73%)
Low level of relapse	2(25%)	4(25%)	1(17%)	1(33%)	8(27%)
Total	8(100%)	13(100%)	6(100%)	3(100%)	30(100%)

Source: Researchers' field survey, 2024

Table 3 revealed that a greater percentage of respondents (75%, 69% and 83% respectively) maintained that older adults with low income are susceptible to high level of mental illness relapse during the period of economic hardship compared with 25% and 17% of others who had contrary views. The result of the chi-square statistical analysis also showed that the level of income that accrues to the individual to a large extent determines the rate of mental illness relapse among older adults, especially in the period of economic hardship ($\chi^2= 0.49$, $p<0.05$, $df=3$).

A male interview participant who also supported this view has this to say:

It is not easy for one not to relapse when going through mental health problems in this type of economy. Children in the house cannot understand the issue of economic hardship. You must provide for them once they are hungry. It is only by the grace of God.

Another participant said, 'Lack of finance brings frustrations and depression which may continue to re-surface if our politicians continue to put us in this economic mess'.

Table 4: Respondents' views on the influence of occupational status on mental illness relapse among older adults

Respondents' views	Current job/occupational Status		Total
	Active in service/ Businesses	Retired	
Yes	8(89%)	15(71%)	23 (77%)
No	1(11%)	6(29%)	7 (23%)
Total	9(100%)	21(100%)	30(100%)

Source: Researchers' field survey, 2024

Table 4 above revealed that majority of respondents (89% and 71%) maintained that the job or occupational status has impact on mental illness relapse among older adults as against 11% and 29% of respondents who had a contrary view. The result of the chi-square statistical analysis also agreed with

respondents' opinion ($\chi^2=1.12$, $p<0.05$, $df=1$). Since the chi-square value (1.12) is greater than the critical value (0.0039), the relationships between occupational status and mental illness relapse among older adults in Ilorin metropolis is statistically significant.

One of the female participants also had this to say:

Some of us who are no longer working become isolated that we cannot avoid worries because there is nothing to keep us busy. No pension and no more friends to chat with unlike when we were working. It is not possible for one not to have issues of mental health.

Even if you have been on medication, it is not the solution, it will still re-occur because the situation has not changed.

Another male participant remarked, 'Once you have had mental health problem, you are trapped because you cannot cure it permanently since the root causes are still there'.

Table 5: Respondents' views on the relationships between areas of residence and mental illness relapse among older adults

Respondents' views	Areas of Residence		Total
	Urban	Rural	
Yes	10(59%)	8(62%)	18(60%)
No	7(41%)	5(38%)	12(40%)
Total	17(100%)	13(100%)	30(100%)

Source: Researchers' field survey. 2024

In Table 5 above, respondents' views showed that 59% and 62% affirmed that areas of residence to a large extent dictates the frequency of relapse on mental illness among older adults as against 41% and 38% of respondents with contrary views. The result of the analysis of chi-square statistical inference also confirmed similar outcome ($\chi^2 = 8.32$, $p < 0.05$, $df = 1$). As such, since the chi-square value (8.32) is greater than the critical value (0.0039), the association between areas of residence and respondents' views on mental illness relapse for older adults is statistically significant.

A male participant expressed his view this way:

Those of us living in the urban centre are battling with a very

big load like house rent, electricity bills, water rate, security bills and others. You pay for everything. Our colleagues that are living in the villages are better off, they have little to worry and mental problems or relapse is highly reduced.

Discussion of Findings

The study was set out to explore public perception of mental illness relapse among older adult resident in Ilorin metropolis during economic hardship that had enveloped Nigeria in the contemporary periods. It is obvious that the problems of relapse in mental health problems are very common, however,

the situation seems to have been exacerbated by current economic downturn that had affected many countries including Nigeria, resulting to hunger and other forms of hardship. Omotosho (2024) opined that mental disorders accounts for 6% of ailments experienced by older adults in most countries. In other words, the uncertainties surrounding the economic situation in Nigeria and the experience of hunger and high cost of items, transportation and increasing cost of medical services, increase in children's school fees and others had created emotional trauma and mental illness relapse among older adults.

Study findings, therefore, revealed that the level of income or financial status of the individual has a strong influence on mental health relapse, especially among older persons. A greater percentage of respondents (75%, 69% and 83%) made the revelations as against 11%, 27% and 17% who had contrary views. This finding aligned with the submission of Ani et al (2024) that lack of money and the problems of rising cost of commodities have been the major contributing factors to various mental health challenges and relapse including depression and anxiety. Obokoh (2024) also remarked that Nigeria's economic hardship has been exacerbated by high inflation and skyrocketing prices of food, the devaluation of the currency and dwindling employment opportunities, all affecting the mental health and relapse among the population.

Another finding of the study showed that the occupational or job status of the individual is largely capable of exerting significant influence on mental illness relapse among older persons, especially in the context of economic hardship. A greater percentage of respondents (89% and 71%) made the revelation as against 29% and 11% who had a contrary view. The outcome of chi-square statistical analysis also aligned with the

position. Ezeakor and Nnaemeka (2023) posited that older persons after retirement from active service or businesses oftentimes are alone at home and no longer enjoying the social connections in the work places which result to a long-lasting psychological consequences including depression, anxiety and overall relapse in mental disorders. Similarly, Animasahun and Chapman (2017) supporting the finding, noted that older persons who had retired from the economic productive phase are mostly vulnerable to experiencing economic hardship and relapse in mental disorder.

Finally, study findings also revealed that the individual's areas of residence has a strong association with mental illness relapse among older adults. A greater percentage (59% and 62%) of respondents made the revelation. Similarly, the result of the chi-square statistical analysis also aligned with this finding ($\chi^2=8.32$, $p<0.05$, $df=1$) This finding confirmed the submission of Animasahun and Chapman (2017) that older adults living in the rural areas mostly engage in farming and do not pay house rent, electricity bills, water rate, sanitation rate and others that impact financial stress and mental health disorders that are common with urban dwellers. Majority of the interview participants also agreed with this revelation. Social work is a human service-oriented profession dedicated to assist individuals, groups, and communities in the process of coping effectively with their physical, emotional/psychological, socio-economic and other challenges bordering on their wellbeing. Mhlanga et al (2021) remarked that right from its development, social workers have been in the forefront of assessing, planning, implementing, monitoring and evaluation of initiatives meant to mitigate mental illness and its re-occurrence among older adults and other

segments of the population. Kourgiantakis et al (2020) also noted that through full assessment or diagnosis of client's emotional functioning, physical health or social history of ailment, financial stability, support systems, safety and other unique needs of clients, social workers could address mental health crisis/relapse among older adults using counselling, advocacy, referral, brokering, and other short-term therapies. The essence is to ignite hope, regain strength and influence their ways of perception. Agha et al (2020) noted that through counselling and application of other social work therapies, some harmful traditional practices or societal norms, new technologies and economic pressures could be addressed which provide opportunities for clients with mental health problems to re-define themselves.

The economic realities in Nigeria have shown an unprecedented increase in poverty and hardship occasioned by subsidy, naira depreciation, high rate of inflation and fall in GDP under the current administration of Ahmed Bola Tinubu. The overall consequences include the exacerbation of the existing mental health crisis among a greater percentage of the population. Eriye (2025) revealed that Nigeria is one of the Africa nations that is yet to meet up with the World Health Organization's (WHO) bench mark of allocating at least 15% of the nation's budget to healthcare. The implication is that about 75% of health care expenses are undertaken by the individuals, thereby increasing the anxieties of the people. Social workers in this respect try to connect clients with the available resources/opportunities so as to foster resilience in the face of such adversities. In addition, they encourage their clients on the optimum utilization of resources, build competences on the community members and carry out aggressive campaign against government

oppressive policies on mental health and older adults' wellbeing, especially in the cases where the older adults are seen as a drain to the society.

Conclusion and Recommendations

Mental health relapse among older adults has become an issue of great concern and a challenge to human wellbeing both in developed and developing countries. This study examined the issue in the context of economic hardship in Nigeria with older adults resident in Ilorin metropolis, Kwara state. Study findings revealed that the financial or income level of individuals has a strong relationships with mental illness relapse among older adults. In other words, lack of money to cope with the skyrocketing cost of foods and medical services, transportation and others could make people who once experienced mental health disorders to relapse. Similarly, the occupational status and areas of residence were also discovered to have strong influence on mental health relapse among older adults, especially in the period of economic hardship. Based on the foregoing, a number of recommendations were advanced. Firstly, there is the need to strengthen the socio-economic and developmental policies of the nation, including the social security programmes and others related to older adults' wellbeing. Equally, there is the need for synergy and collaboration among experts in the field of psychiatry, social work, psychology, counselling, medicine and other human service profession to sensitize and educate the population on the need or ways to avoid mental health relapse. Finally, cash grants and other forms of social investment programmes of the government should be extended to older adults.

References

- Agha, A.A., Onalu, C.E., Ekoh, P.C., Chidebe, R.C.W & Adewoyin, Y. (2020). Utilization of patient navigation model in eliminating the speed bumps to quality healthcare delivery in Nigeria: A theoretical perspectives. *Journal of Social Work in Developing Societies*, 2(1), 13-25.
- Ajike, P.T., Ariyo, E.A., Ariyo, A.M. & Adubi, K.O. (2022). Emerging adults' awareness and perception of mental health problems and services in Nigeria. *Journal of Behavioural and Brain Sciences*, 9 (1), 44-48.
- Ani, J.I., Ajayi-Ojo, V.O. & Batisai, K. (2024). Financial scarcity, psychological wellbeing and perception: An evaluation of Nigerian currency re-design policy outcomes. *BMC Public Health*, 3, 1-7.
- Animasahun, V.J. & Chapman, H.J. (2017). Psycho-social health challenges of the elderly in Nigeria: A narrative Review. *African Health Sciences*, 17 (2), 575-583.
- Dun, T.J. (2018). The association between medication adherence in mental illness and substance use disorder relapse in patients with dual diagnosis. *Doctoral Thesis presented to Duquesne University*.
- Eriye, F. (Sept.14, 2025). Health as wealth: There is the need for more funding and monitoring of the health sector. *The Nation*, 13
- Esan, O., Esan, A., Folasire, A. & Oluwajulugbe, P. (2019). Mental health and wellbeing of medical students in Nigeria: A systematic review. *International Review of Psychiatry*, 31 (7), 661-672.
- Ezeakor, A.I. & Nnaemeka, I.J. (2023). Mental health challenges among the elderly: The relevance of psychotherapy. *International Journal of Psychotherapy in Africa*, 8 (1), 80-87.
- McDaid, D., Quaglio, G., De-Campos, C.A., Dario, C., Woensel, L., Karapiperis, T. & Reeves, A. (2013). The protection in times of economic crisis: Challenges, opportunities for Europe. *Journal of Public Health Policy*, 5, 489-501.
- Mhlanga, C., Muzingili, T., Dudzai, C. & Mhlanga, J. (2021). Information enclave and corona virus disease 2019 (COVID-19) pandemic in rural areas: A case of Binga District, Zimbabwe. *Africa Journal of Social Work*, 11(4), 257-263.
- Obiotika, W.T. (2023). Effects of hardship, hunger and poverty on mental health. *BusinessDay*, 3, 1-7.
- Obokoh, A. & Athekame, K. (2024). Hopeless economic condition affecting Nigerians' mental health. *BusinessDay*, 1-9.
- Omotosho, A.Y., Ogunsemi, O.O., Fasesan, A., Sodeinde, K.J., Adefala, N.O., Ogunkoya, J.O., Osinaike, A.O., Amaike, C., Ajayi, F.G. & Abiodun, O.A. (2024). Prevalence of mental illness and associated factors among the elderly in Ogun East Senatorial District, Nigeria. *Archives of Mental Health*, 25 (2), 1-17.
- Omotosho, Y.A., Fasesan, O.A., Adefala, N.O., Osinaike, A.O., Okwudishu, O.T., Okoro, N.E., Ogunkoya, J.O., Adesuyi, A.O., Odiar, O.A. & Effiong, M.S. (2025). *Annals of Health Research*, 11(1), 2
- Owoeye, A.B. (2024). The economic impact of mental illness and public perception: A critical investigation of the Nigerian State. *International*

Journal for Multi-disciplinary Research (IJFMR), 1, 2160-2582.

Tesfaye, Y., Agenagnew, L., Terefe, T.G., Anand, S., Birhanu, Z., Ahmed, G., Getenet, M. & Yitbarek, K. (2020). Attitude and help-seeking behavior of the Community towards mental health problems. *PLoS* 1, 15 (11), e0242160.

Kourgiantakis, T., Hussain, A., Ashcroft, R., Logan, J., McNeil, S. & Williams, C.C. (2020). Recovery oriented social work practice in mental health and

addiction: A scoping review protocol. *BMJ*, 10(18), e037777.

World Health Organization (WHO) (2014). Mental Health: A state of Wellbeing. <https://www.who.int/features/factfiles/mental-health/en/>

World Health Organization (WHO) (2020). Mental health of older adults. <https://www.who.int/news-room/factsheets/details/mental-health-of-older-adults/>