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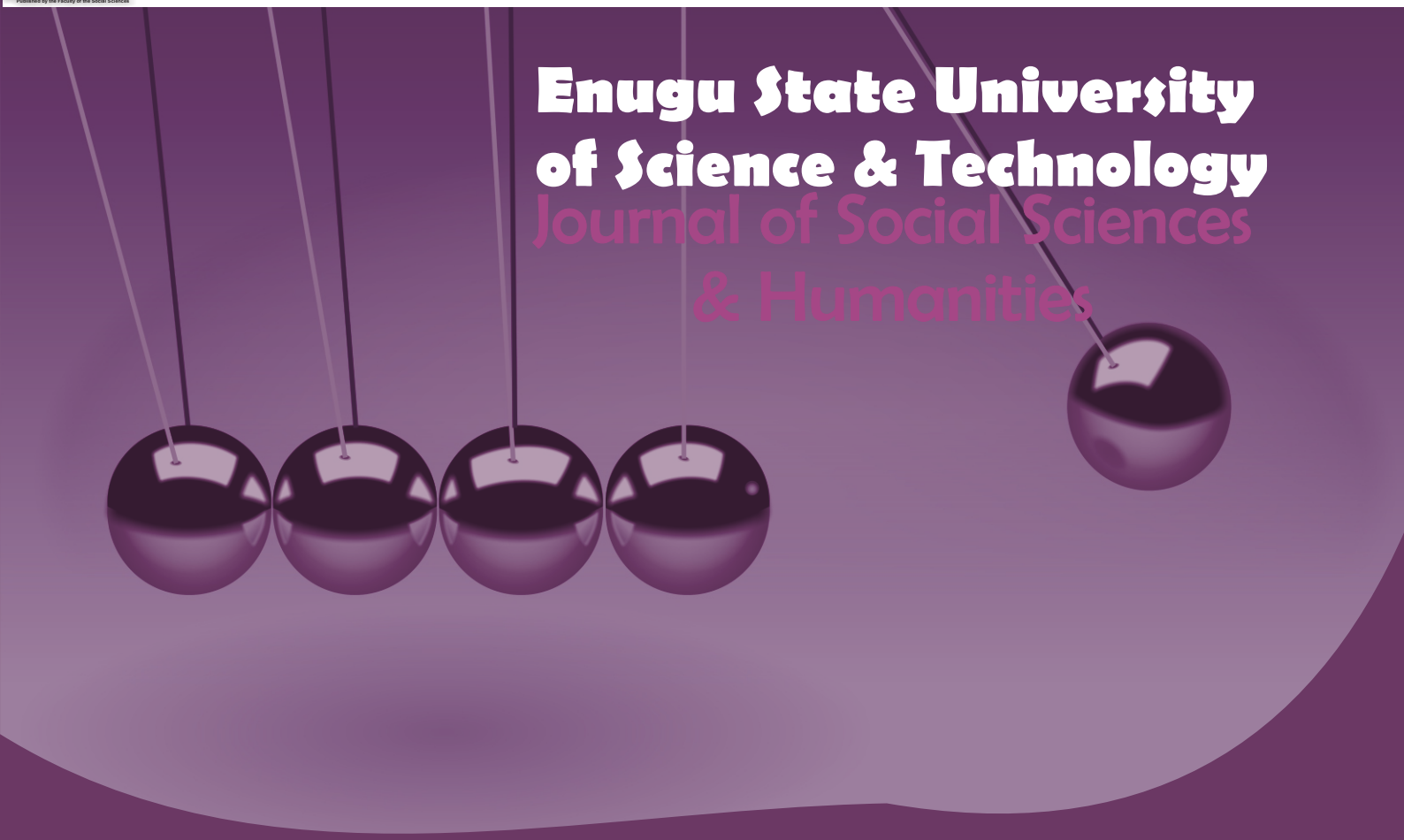

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Social Adversity and Mental Health among Individual Client in University of Calabar Teaching Hospital, Nigeria

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Abstract

The study examines social adversity and mental health in University of Calabar Teaching Hospital. The study specifically examine the extent to which social adversity indicators such as bereavement, divorce and life-threatening-disease have a significant effect on individual mental health in University of Calabar Teaching Hospital, Cross River State, Nigeria. Literature was reviewed based the variables of the study while the Frustration and Aggression theory was employed as the study's theoretical framework. The study adopted the Expost Facto and Cross sectional survey design. The population comprised of inpatients in mental health clinic and patient with chronic related illnesses. Sample of the study was 51 but 50 were retrieved after field work. Instruments for data collection were questionnaire and case history (Interview). The questionnaire was titled; Questionnaire for Social Adversity and mental health conditions in University of Calabar Teaching Hospital. Data analysis was done using Logit Regression, ANOVA and Multiple linear regressions. To elicit data for the study, a consent letter was sent to University of Calabar Teaching Hospital Research and Ethical Committee. The letter approval gave the researcher the leverage to elicit data for the study. From the analysis, findings revealed that, death of a love one, marital divorces and life-threatening-disease have a significant effect on individual mental health outcome in University of Calabar Teaching Hospital, Nigeria. From the finding, it was recommended among others that Nigerian government need to invest in mental health and employ more professional doctors and medical social workers to help in the provision of care and support for those facing social adversity. It was concluded that, a lot of awareness is needed against most of the social stigma painted at ill people and the perception we hold toward people under social adversity. This is observable even among and outside health care professionals, including mental health professionals, stigma remains a huge issue

Keywords: ***bereavement, divorce, life-threatening-disease, social adversity, mental health.***

Introduction

In every society, there is significant evidence that bad or un-habitual environmental conditions are related to poor physical and mental health, but the mechanisms are not completely understood (Sophie, Elspeth, Ben, Catherine & David, 2016)The major nexus connecting these environmental conditions to the development of bodily disease is the model of allostatic load (Rand, Greene, & Nowak, 2012). "Allostatic load" refers to the price the body pays for being forced to adapt to adverse psychosocial or physical situations, and it represents either the presence of too much stress or the inefficient operation of the stress hormone response system, which must be turned on and then turned off again after the stressful situation is over (Bruce, 1999). In a world of uncertainty like ours today, social conditions or adversities such as death of love one, had economic condition, marital divorce, natural disaster and life threatening disease such as HIV/AIDS, Diabetes Miletus, Hepatitis could trigger allostatic load. However, although allostatic load is conceptualized within a framework of lifelong development, the life course origins of allostatic load have so far barely been investigated. Through this allostatic load debate, there are basically two types of social and environmental conditions that have dominated research on social determinants of health and mental wellbeing. These include psychosocial factors and material deprivation (Bonanno, Westphal & Mancini, 2011). Psychosocial determinant or exposures are the interpersonal relationships between individual which include factors related to subjective appraisal and social dimensions which are more concern with objective attributes. Theses determinants are the basic concrete manifestation of individual relationships such as work control, social network and interpersonal conflict as mediating factors of psychological mechanism. These factors are core determinants of the mental health and general wellbeing of individuals but little attention is paid to mental heal on ground of social adversity.

However, there is a need for awareness on the importance of mental health as a key component in individual wellbeing in order to help shape global health initiatives in developing nations like Nigeria (Rand, Greene, & Nowak, 2012). It is increasingly recognized that improving individual psychosocial well-being who have experienced social adversity is necessary to achieve the United Nations Millennium Development Goals. This is because psychological difficulties have been shown to affect people abilities to fulfill their potential and cope with life. In Nigeria, there are limited studies on where adversity is most prevalent by which it the impact may be more detrimental. Unlike developed nations and middle-income countries, unipolar depression has been estimated to be 1 of the 10 leading causes of disability and trauma worldwide. It has been estimated that the burden from depression alone is likely to increase to the single biggest burden of all health conditions by 2030 (Bonanno, et al., 2011).

In sub-Saharan Africa, rates of psychological disorders in adults are particularly elevated, and studies by Infurna and Luthar (2016) have shown rates of posttraumatic stress disorder, anxiety, and depression ranging from 20% to 60% due to a complex web of social adversities such as terrorism, economic hardship, unemployment, death of love ones, life threatening disease, military deployment among others. The 48 sub-Saharan African countries make up the greatest proportion of least-developed countries in the world and

have experienced considerable social tensions and change due to a history of oppression and violence and currently have the highest rates of human immunodeficiency virus/AIDS in the world. Adverse conditions during childhood and in one's life may interfere with individual fundamental physical, emotional, and social development and place them at risk for psychological problems. On child adversity, there is limited research in child mental health in low- and middle-income countries, but the World Health Organization estimates that as many as 20% of the world's children and adolescents experience a mental disorder at some stage in their childhood.

Thus, sound mental health is the foundation for an individual's well-being and determines how well the individual contributes to the community (Nwokolo, 2019). Good health and mental wellbeing of an individual encompasses in any society id devoid of social deprivation and discrimination based on gender, race, ethnicity, age, religious beliefs, socioeconomic status, language, sexual orientation, sexual identity, culture, geographical origin, disability, among others. Social adversities are present in all human endeavours but in Nigeria, there is considerable neglect of mental health issues. In public health institutions like University of Calabar Teaching Hospital, number psychosocial disorders and depression have been attributed to social adversity. Though psychological factors are important for wellbeing, which is often seen in terms of happiness, Carruthers and Hood (2004) pointed out that, happiness is complex and involves cognitive, emotional and behavioural efforts. However, these are insufficient and the inclusion of other indicators provides for a more holistic view of psychological wellbeing during social adversity. For instance, using survey data from a British Columbia sample, Michalos, Zumbo and Hably (1999: 143) found that satisfaction with one's own self-esteem during breakdown in one's life was one of the strongest predictor of life satisfaction. Other indicators include coping and adaptation, in which strategies, such as spirituality, positive reappraisal, optimism, and active problem solving, are seen to lead to a higher subjective wellbeing (Carruthers, et al., 2004).

Social adversity stimulates automatic social–affiliative and prosocial behaviors which often reveals that substantial evidence of acute stress can promote affiliation and prosociality automatically and effortlessly (Taylor, 2006). Indeed, cooperative behavior is an intuitive behavioral response and is particularly likely under conditions that demand fast decisions or that impair prospective reasoning (Lotito, Migheli & Ortona, 2013; Rand, Greene& Nowak, 2012). Empirical evidence has shown that, mass atrocities, job loss, death of a love one or bereavement, terrorist attacks, warfare, and individual-level violence continue to inflict substantial harm on human beings (World Health Organization, 2014), as do natural and man-made disasters such as hurricanes, wildfires, nuclear disasters, and earthquakes (International Federation of Red Cross and Red Crescent Societies, 2015).However, this conditions resort to psychological conditions that impairs individual social balance and functioning. This study is designed to examine social adversity and mental health of individual client in University of Calabar Teaching Hospital, Nigeria.

Statement of the problem

Adverse individual experiences, such as violence, family psychopathology, or parent or spousal death, divorce, life threatening disease can have negative effects on lifelong physical and mental health including learning/behavior problems and heart disease, autoimmune diseases, smoking, alcoholism and depression in adults. Theses social conditions may have a negative effect on mental health and wellbeing. In Social Work Department of University of Calabar Teaching Hospital, the number of client visits with mental health condition has been alarming in recent times. A thorough examination revealed that, most of the client's individual receiving care and support services may have experience a psychosocial and material adversity which may have had a negative effect on their mental health.

In most cases, the social adversity some client undergo during clinic visit at psychiatric department of the hospital during counseling have been, post event trauma, emotional disorder, anxiety, aggression and in most cases violent behaviours which may have health implication and general wellbeing. The adverse social conditions according to clients life or folder history ranges from the death of a love one, life threatening disease, divorce, natural disaster, military deployments and post childhood trauma. These adverse conditions may have directly or directly established the link between social adversity and mental health of individual in University of Calabar Teaching Hospital.

However, despite increasing evidence of this association, individual social adversity is an under addressed dimension of the prevention of individual disease and a promising target for new strategies to protect population health. In the light of this, one main reason is that social relationships play a key role in regulating negative affective states and promoting positive ones (Lakey & Orehek, 2011). In spite of the degree of effect of social adversity, little or no attention or studies have been conducted in this area. In Nigeria, statistics showed that only 3.3% of the health budget of Nigeria goes to mental health, only 3.3% of the health budget of the Nigerian government goes to mental health while 90% of the budget goes to mental health hospitals; a very little budget is allocated for mental health awareness and mental health services in Nigeria. Furthermore, on annual basis, about 7 million Nigerians suffer from Depression in Nigeria which represents approximately 4 percent of the entire population, thus making Nigeria the most depressed country in Africa.

According to World Health Organization (WHO) (2014), over 7,079,815 Nigerians suffer from depression which is one of the major psychological illnesses of condition that is characterized by unhappiness and can lead to suicide. Due low level of awareness to this condition, it's very difficult for a Nigerian to admit they have a mental illness, because of the stigma that comes with it due lack of adequate care. It is estimated by a report by *Al Jazeera.com*, only 250 psychiatrists are in Nigeria to cater for a population of over 180 million possible mental health patients. This situation is a disturbing end and thus explains why there are more suicide cases in Nigeria than any other African countries. In the light of this, most Nigerians see mental health as a spiritual problem, while most of them view it as a myth. It is against this background the article is design to evaluate the impact of social adversity on health of individual clients in University of Calabar Teaching Hospital, Nigeria.

Objectives of the study

The general objective of this article is to examine social adversity and mental health of individual client in University of Calabar Teaching Hospital, Nigeria. Specifically, the article seeks to:

1. Examine whether bereavement has an influence on mental health outcome among individual client at University of Calabar Teaching Hospital

2. Access the impact of divorce on mental health outcome of couples in University of Calabar Teaching Hospital

3. Evaluate the effect of life threatening disease on mental health outcome of individual in University of Calabar Teaching Hospital

Theoretical framework

Frustration aggression theory

The theory dwells more on the reason why people become frustrated and aggressive when their goals and aspiration or expectations are trampled upon. The theory is a direct product of the 1939 research conducted in Human Relation at Yale University Institute on a small monograph publication which showed tremendous impact in all behavioural sciences. The study was led by Dollard, Miller, Doob, Mowrer and Sears (1939) which was an attempt to measure and account for all human aggression with a little idea. In a number of studies to investigate the cause as well as consequence of aggression were structure and oriented studies which were tilted toward issues raised by the research group at University. From the study it was discovered that frustration can ultimately cause aggressive behaviour even when they are not targeted at that. In the same vein, (Miller, Sears, Mowrer, Doob, & Dollard, 1941) reiterated this by given the conventional or usual definition of frustration which means an individual not getting what they need, desire or deserve at the right time. Howbeit, this definition have failed to show a distinction between deprivation which serve an unimportant to the needed goal and on the contrary, a deprivation the is targeted at threatening an individual personality or desires such as goals and aspirations, self-esteem and security is detrimental and can cause frustration like the case in the Niger delta region of delta state. This showed that deprivation from an individual's desired expectations may have a great multiplier mental health effect on the individual. However, social adversities like bereavement or untimely death of a love one, divorce and life-threatening disease can affects the psychological and social functioning of individual.

Literature review

Social adversity is seen as acute or chronic exposures which hypothetically would impact on health mainly by directly threatening salient relationships. It could be Parental loss, death of a love one, natural disaster, divorce and life threatening disease. Studies with varying designs carried out in different contexts have repeatedly shown social adversity (SA) to be a major risk factor for psychosis. Experiences of SA associated with psychosis

and its persistence include childhood trauma, migration, having a minority sexual status, being bullied in childhood, having a low socioeconomic status, experiencing discrimination, having a small social network and low social support and being exposed to high levels of expressed emotion by families or confidants. Moreover, many of these experiences are also predictive of psychotic experiences at a subclinical level and in patients with nonpsychotic disorders. For example, childhood trauma has been shown to be a risk factor for psychotic experiences in children and adults, which again are known to predict psychotic disorders in later life

Conversely, apart from psychological and health conditions of social adversity, economic researchers often distinguish between wealth and income, and argue that these factors can have differing impacts on wellbeing. For instance, Hamilton and Barbato (2005) found that, as income increases, more people become less satisfied with life overall, while the satisfaction with life is not affected by levels of wealth. The University of Melbourne has conducted the HILDA Survey since 2001 (data collection was subcontracted to ACNielsen). One relevant source is growing evidence that some people show substantially improved psychological functioning after an acute stressor (Galatzer-Levy, Huang &Bonanno, 2018). This literature has often employed large and population-based samples and outcome measures of both adaptive and maladaptive dimensions of functioning (e.g., life-satisfaction, PTSD, anxiety, and depression). As a result, it provides methodologically strong support for the possibility that people can improve after acute stress, providing a basis for Psychological Gains from Adversity (PGA).
Hamilton et al., (2005) prospective studies of bereavement have consistently found evidence of improved functioning after loss due the endemic effect of losing a love one. One study assessed bereaved spouses before the loss and then 6 months and 18 months later go through a mental health state that require assistive and supportive care to restore the victim (Bonanno, et al., 2002). A prospective study with a large population-based sample found a pattern of substantial health problems in life satisfaction among bereaved spouses, representing 5.4% of the sample (Mancini, Bonanno & Clark, 2011).

According to Bourassa, Sbarra and Whisman, (2015), marital breakdown ignite a psychological state where victims can hardly survive mostly when the divorcer is the care giver of the home. This may be suicidal and cause life threatening state where victims may hardly survive. It is one major stressor that can result in affect the psychological state of an individual or people in relationship. For example, in a large population-based sample of divorced German citizens, a trajectory of substantially proved life satisfaction from before to after divorce emerged among 9% of the sample (Mancini et al., 2011). An almost identical result emerged in a study of American citizens followed both before and after their divorce, with 11% showing sharp reductions in depression post-divorce (Malgaroli, Galatzer-Levy & Bonanno, 2017). In addition, women in low quality marriages show improved life satisfaction after divorce, suggesting an improvement in their social–relational environment, whereas women in high-quality marriages show reduced life satisfaction (Bourassa, et al., 2015).

Galatzer-Levy and Bonanno (2014) studies of life-threatening illness, such as cancer, HIV/AIDS, Tuberculosis, Epilepsy, heart attack, Hepatitis and stroke, have also found evidence of aggressive behaviour and other mental health conditions which impairs victims social functioning. A similar result emerged in a prospective study of cancer survivors, which found that 7.8% of the sample reported sharply improved depression symptoms from pre-diagnosis to post-diagnosis and treatment (Burton, Galatzer Levy & Bonanno, 2015). A positive social support network can greatly impact a person's success, as well as how they feel about the journey of healing and recovery. Studies on self-management show that meeting physical wellness goals are more likely with the guidance and encouragement of behavioral health professionals, mentors, peers, or a combination of these supports; as well as with involvement with social networks (Hamilton, et al., 2005).

Hypothesis of the study

1. Bereavement does not have an influence on mental health outcome of individual client at University of Calabar Teaching Hospital

2. There is no significant impact of divorce on mental health outcomes of couples in University of Calabar Teaching Hospital

3. There is no significant effect of life threatening disease on mental health outcome of individual in University of Calabar Teaching Hospital

Materials and methods

The study employed the Expost Facto design and cross sectional survey design. Data was collected from Department of Social Work, University of Calabar Teaching Hospital after approval be the Health Research and Ethical Committee in the Hospital. Data was only foe in-patient receiving care and support in the hospital, along with children with posttraumatic experience. The study sample was 51 client receiving treatment at the hospital. These are particular reported mental health condition faced by the clients. The choice of inpatient only was based on previous health record or recurrent crisis. Since the cases under study (mental health condition caused by social adversities such as death of love one, life threatening disease and divorce) were peculiar and social proximity is important, there is a need for only in-patients. From the 2020 Health records of individual with mental health conditions, 219 clients were the total population of the study. The sampling techniques adopted for the study is a multi- stage sampling techniques. At each stage, various methods were employed to select clients or subject into the study. First, the purposive and cluster sampling techniques were employed to select five departments- Hematology Department (for sickle cell anemic clients), Pediatrics, Psychiatric, Orthopedics and Ophthalmology where social workers, psychologist and psychiatrist work and examine people with mental health conditions. This department and units formed clusters for the study. The second stage was proportional sampling technique. This was adopted by

assigning or allotting 10 clients in 4 departments while family medicine had 11 study sample. The differentials in Pediatrics are predicated by the prevalence of abandoned children in the unit. The third stage was the simple random sampling technique. In each cluster, a balloting method was employed with piece of paper written Yes and No. Participants that pick Yes were enrolled for the study while those that picked No were excluded and this formed the inclusion criteria for the study. This method and procedures was repeated till the researcher arrived at the number of participant expected or proportion per cluster.

Instrument for the study were questionnaire and case history (interview) method of data collection. The title of the questionnaire was 'Questionnaire for Social Adversity and mental health conditions in University of Calabar Teaching Hospital. Through their medical records, clients were identified to have been experiencing social adversity at the point of interview. However, the terms of measuring individual who have experience social adversity were as follows:

i. Individual with financial hardship and unable to pay medical hospital bills
ii. People who report parental divorce/separation
iii. Reports of parental death
iv. Parental abandonment due to imprisonment
v. Those who report domestic violence
vi. People who are internally displace due to natural disaster or terrorism
vii. People who may have been discriminated against due to childlessness
viii. People who reports suicidal cases or aggressive behavior due to trauma

Furthermore, the questionnaire also had the five point response scale, ranging from: 1. Excellent; 2. Very good; 3. Good; 4. Fair; 5. Poor. With regard to mental health awareness, clients were asked: "To what extent do you feel rejected and hopeless due to social conditions around them? Answers to these set of questions ranges from: 1 when financially down. 2. When I have health crisis. 3. When my children look hopeless and fatherless. 4. All the time. These question and answer format is to help determine the extent to which social adversity poses mental health condition to clients. Subject for the study were out-patients on clinic visits

All questions and items during the interview were based on behavioral risk displayed repeatedly by client receiving care and services. However, based on multiply imputed data, the sample of individual with life threatening disease, divorce and death of love one or care givers were captured in the SPSS package for analysis with a summative inventory of financial hardship; parental divorce/separation; parental death; witness to domestic violence, victim or witness of neighborhood violence; discrimination against terminal disease. With this, a base score was used to sum up all these items. The response rate determined the analysis. Data was collected and coded in the SPSS version 21 for analysis. Quantitative data was tested with multiple regressions while qualitative data was collected, collated and transcribed.

Analysis and results

Hypothesis one

Bereavement does not have an influence on mental health outcome of individual client at University of Calabar Teaching Hospital. In this hypothesis, the Independent variable is Bereavement while the dependent variable is mental health outcome of individual client at University of Calabar Teaching Hospital. To test the hypothesis, the linear regression model statistics was employed to test the relationship bereavement and mental health outcome of individual client at University of Calabar Teaching Hospital shown in Table 1 from the first model summary result, it is statistical that there is a strong impact (R = 0.558a) of bereavement on mental health outcome of individual client at University of Calabar Teaching Hospital. The adjusted R square (R. Square =0.312) also showed that bereavement have effect on the mental health outcome of individual client at University of Calabar Teaching Hospital (Adjusted R2 = 0.267) of the total variation of the disaggregated independent variable (Death of a spouse, Death of a school sponsor, Death of a fathers) as predictor indices of bereavement and mental health outcome of individual client at University of Calabar Teaching Hospital. A similar significant result difference was obtained in the ANOVA model which also showed a significant F-ratio of 6.943 which was calculated against the critical F-ratio of 3.053 at 0.05 levels of significances and 6 degree of freedom.

The last tables of result from the coefficient regression analysis further revealed that there is significant influence of bereavement on mental health outcome of individual client at University of Calabar Teaching Hospital in Table 4.1c showed that a strong influence exists bereavement and mental health outcome of individual client at University of Calabar Teaching Hospital (β = .381, t = 5.327 P<.05). Thus, we reject H0 and accept the H1. This implies that there is significant influence of bereavement on mental health outcome of individual client at University of Calabar Teaching Hospital

Table 1 Regression model summary for bereavement and mental health outcome

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.558[a]	.312	.267	.38837

a. Predictors: (Constant), Death of a spouse, Death of a school sponsor, Death of a fathers

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	3.142	3	1.047	6.943	.001[b]
	Residual	6.938	46	.151		
	Total	10.080	49			

a. Dependent Variable: Mental health

b. Predictors: (Constant), Death of a spouse, Death of a school sponsor, Death of a fathers

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.765	.144		5.327	.000
	Death of a fathers	.286	.100	.441	2.861	.006
	Death of a school sponsor	.081	.071	.175	1.148	.257
	Death of a spouse	-.004	.083	-.006	-.046	.964

a. Dependent Variable: Mental health

Hypothesis two

There is no significant impact of divorce on mental health outcomes of couples in University of Calabar Teaching Hospital. The hypothesis was tested with One Way Analysis of Variance. Data for the study was generated from participant-Inpatient receiving cares and support services in UCTH as presented in table 4.2. From the result as presented in the table 2, the independent variable is divorce while the dependent variable is mental health outcome of individual clients. To test the hypothesis, One Way Analysis of Variance was used to determine the significant impact of divorce on mental health outcome of individual clients. The independent variable- divorce was disaggregated into three level of measurement (Marital separation, Divorce and Spousal abandonment)

The result in the table 4.14 revealed that, there are three groups (Marital separation, Divorce and Spousal abandonment), the calculated F ratio of 14.519 is statistically significant when compared with the critical F-ratio of 3.040 at 3, 47 degree of freedom. This means that the null hypothesis which states that, There is no significant impact of divorce on mental health outcomes of couples in University of Calabar Teaching Hospital was rejected following decision rule which states that accept the null hypothesis if the calculated F-value if greater than the tabulated F-value. Finally, since the calculated F-value of 19.643 was found greater that the tabulated or critical table value of 3.040, the null hypothesis was however rejected while the alternate was accepted. This implies that there is a significant impact of divorce on mental health outcomes of couples in University of Calabar Teaching Hospital. However, the descriptive chart showed that downward slope of responses which revealed that relationship breakup has a negative health effect on the individual

Table 2. ANOVA Descriptive statistics for divorce and mental health outcome (N-50)

Mental health

		N	Mean	Std. Deviation	Std. Error
Marital separation		21	1.0952	.30079	.06564
Divorce		10	1.0000	.00000	.00000
Spousal Abandonment		19	1.6316	.49559	.11370
Total		50	1.2800	.45356	.06414
Model	Fixed Effects			.36410	.05149
	Random Effects				.20764

Test of Homogeneity of Variances

Mental health

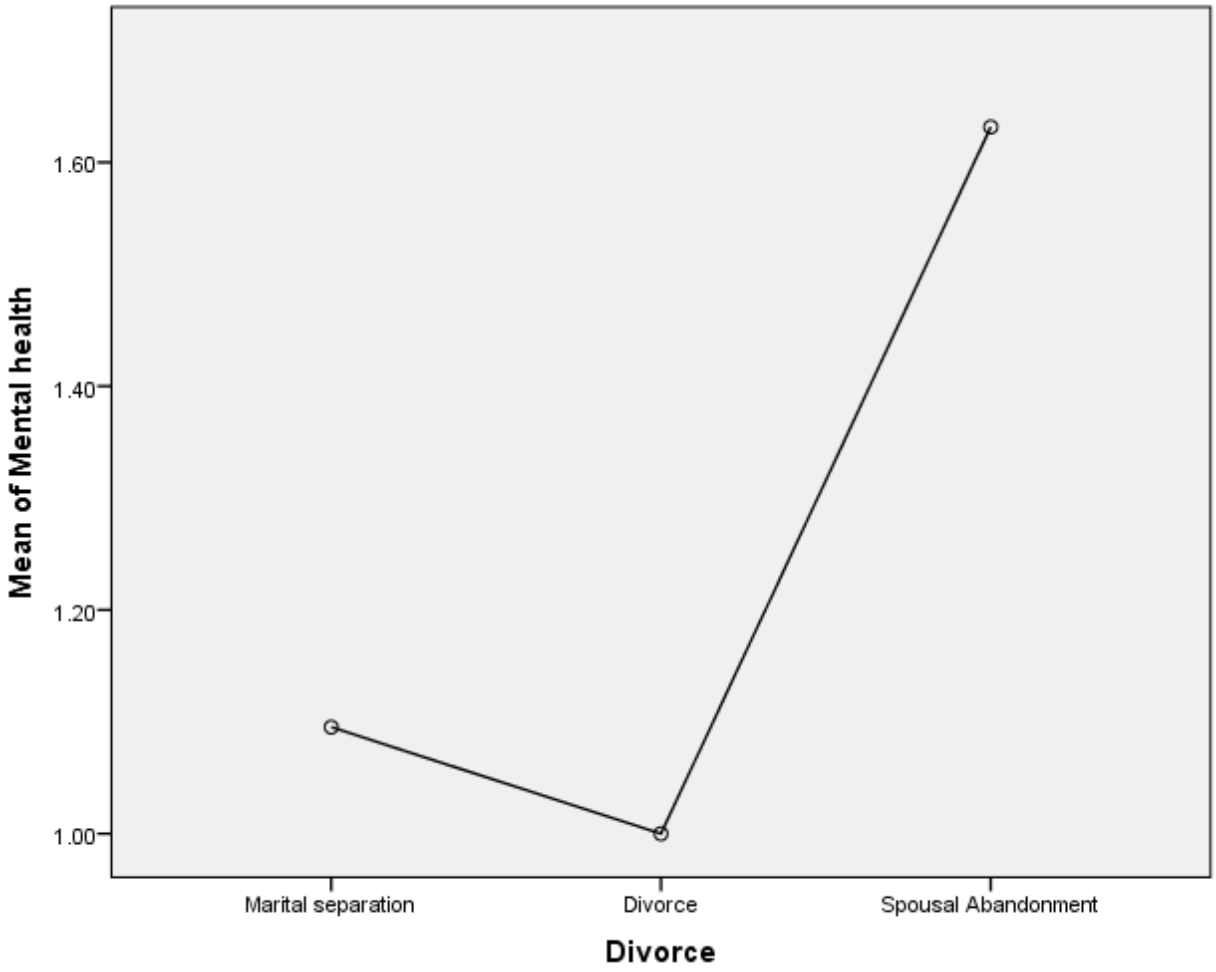
Levene Statistic	df1	df2	Sig.
25.720	2	47	.000

ANOVA

Mental health

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	3.849	2	1.925	14.519	.000
Within Groups	6.231	47	.133		
Total	10.080	49			

Means Plots



The mean plot above showed response rate of individual client on the three differential adversity associated with marital breakdown and its mental health implications. From the plot, the curves showed that divorce have a more significant effect on client developing mental health problems than marital separation and spousal abandonment.

Hypothesis three

There no significant effect of life threatening disease on mental health outcome of individual in University of Calabar Teaching Hospital. The hypothesis was tested with Logistic regression as the most appropriate statistical tool for the study. It is used to predict whether life threatening disease significantly affects health of individual client such as HIV/AIDS, Hepatitis, Tuberculosis and Sickle cell anemia which arouses individual aggression and anti-social behaviour. From the analysis, result revealed thatthere no significant effect of life threatening disease on mental health outcome of individual in University of Calabar Teaching Hospital as the core dependent variables which estimate

probabilities of logistic function, thereby showing a cumulative logistic distribution. From the first table which shows the raw data from categorical variables indicates that life threatening diseases from data generated from the field have a significant impact on the mental health and socio-economic well-being of individual in UCTH. Following the Omnibus Tests of Model Coefficients for the three categorical variables, the chi-square calculated values from the Goodness-of-Fit Tests[a,b] of 26.074 with a likelihood ratio of 20.747was considered more the table value of 3 degrees of freedom at 0.00 level of significance. The findings or result showed that, logically, a significant improvement or support by professional social workers and general physicians will improves the psychosocial health outcome of individual clients

Table 3.Logistic regression for the effect of life threatening disease on mental health outcome of individual in University of Calabar Teaching Hospital (N-50)

		N
Cases	Valid	50
	Missing	0
	Weighted Valid	50
Cells	Defined Cells	8
	Structural Zeros	0
	Sampling Zeros	2
Categories	Mental health	2
	Life Threatening Disease	4

Logit convergence information[a,b]of the first and final relative effect of life threatening disease on mental health outcome (N-50)

Maximum Number of Iterations	20
Converge Tolerance	.00100
Final Maximum Absolute Difference	.00087[c]
Final Maximum Relative Difference	.00092
Number of Iterations	3

a. Model: Multinomial Logit
b. Design: Constant + Q12
c. The iteration converged because the maximum absolute changes of parameter estimates are less than the specified convergence criterion.

Logit Goodness-of-Fit Test[a,b] results of chi-square likelihood ratio and test result of life threatening disease on mental health outcome (N-50)

	Value	Df	Sig.
Likelihood Ratio	26.074	3	.000
Pearson Chi-Square	20.747	3	.000

a. Model: Multinomial Logit
b. Design: Constant + Q12

Logit regression analysis of dispersion[a,b]

	Entropy	Concentration	Df
Model	.000	.000	0
Residual	29.648	20.160	49
Total	29.648	20.160	49

a. Model: Multinomial Logit
b. Design: Constant + Q12

Table 4.21 Logit cell counts and residuals[a,b] for categorical indicators of mental health outcomes

Life Threatening Disease	Mental health	Observed		Expected		Residual	Standardized Residual	Adjusted Residual	Deviance
		Count	%	Count	%				
HIV/AIDS	Aggression	4	33.3%	8.640	72.0%	-4.640	-2.983	-3.422	-2.482
	anti-social	8	66.7%	3.360	28.0%	4.640	2.983	3.421	3.726
Hepatitis	Aggression	7	53.8%	9.360	72.0%	-2.360	-1.458	-1.695	-2.017
	anti-social	6	46.2%	3.640	28.0%	2.360	1.458	1.694	2.449
TB	Aggression	15	100.0%	10.800	72.0%	4.200	2.415	2.887	3.139
	anti-social	0	0.0%	4.200	28.0%	-4.200	-2.415	-2.886	.000
Sickle cell anemia	Aggression	10	100.0%	7.200	72.0%	2.800	1.972	2.205	2.563
	anti-social	0	0.0%	2.800	28.0%	-2.800	-1.972	-2.205	.000

a. Model: Multinomial Logit

b. Design: Constant + Q12

Discussion

Result from the analysis reveals a significant impact of social adversity variables such as bereavement, divorce and life-threatening disease on mental health of individual at University of Calabar Teaching Hospital. The result revealed that upon the death of a love one like a spouse, parent, care giver and school sponsor, individual is most likely to be affected. Furthermore, life threatening disease like HIV/AIDS, Hepatitis, Tuberculosis, Epilepsy, Sickle cell anemia and amputation, most individual may likely develop aggressive drives that are anti-social and offensive. Finally, from the result, empirical evidence from field survey revealed that marital dissolution-either pre-marital breakup or dating breakups may have a significant effect on the social and psychological functioning of individuals. This explains why marital dissolution cases are more common with suicidal thoughts and incidence Nigeria and the world at large. This finding is in line with Hamilton et al., (2005) whose prospective studies of bereavement have consistently found evidence of improved functioning after loss due the endemic effect of losing a love one. One study assessed bereaved spouses before the loss and then 6 months and 18 months later go through a mental health state that require assistive and supportive care to restore the victim (Bonanno, et al., 2002). Furthermore, Bourassa, Sbarra & Whisman (2015) noted that marital breakdown ignite a psychological state where victims can hardly survive mostly when the divorcer is the care giver of the home. This may be suicidal and cause life threatening state where victims may hardly survive. It is one major stressor that can result in affect the psychological state of an individual or people in relationship. For example, in a large population-based sample of divorced German citizens, a trajectory of substantially proved life satisfaction from before to after divorce emerged among 9% of the sample (Mancini et al., 2011). An almost identical result emerged in a study of American citizens followed both before and after their divorce, with 11% showing sharp reductions in depression post-divorce (Malgaroli, Galatzer-Levy & Bonanno, 2017). In addition, women in low quality marriages show improved life satisfaction after divorce, suggesting an improvement in their social–relational environment, whereas women in high-quality marriages show reduced life satisfaction (Bourassa, et al., 2015).

In line with this, Galatzer-Levy and Bonanno (2014) observed that life-threatening illness, such as cancer, HIV/AIDS, Tuberculosis, Epilepsy, heart attack, Hepatitis and stroke, have also found evidence of aggressive behaviour and other mental health conditions which impairs victims social functioning. A similar result emerged in a prospective study of cancer survivors, which found that 7.8% of the sample reported sharply improved depression symptoms from prediagnosis to post-diagnosis and treatment (Burton, GalatzerLevy & Bonanno, 2015).

Furthermore, case history with participant who had experienced social adversity cumulatively revealed that over 48% of the individual have experienced relationship of marital breakup, 22 % have experienced psychosocial cases or trauma, while 30% have undergone severe mental health outcome due to life-threatening disease in their life. This in effect showed that, social adversity have a significant effect on mental health outcome.

Recommendations and Conclusion

Reducing adversity in individual constitutes an important "upstream" strategy for promoting health though often very difficult. From the study, it could be found that multiple social conditions, natural and the intergenerational transmission of risk and protective factors in immigrant families offer frameworks for innovative thinking about how we can cope with certain psychological and natural disasters that affects the wellbeing of man. Social disparities and our level of understanding of natural occurrences play a role in our wellbeing as individuals. Issues of mental health in Nigeria are indeed multifarious and need very deliberate, specific and concerted actions. Poverty and consequent stresses associated with poor infrastructure in Nigeria, human rights protections, the pervasive role of religion in a lot of mental problems, accreditation and regulation of faith healers and traditional healers, and availability and accessibility of mental health care facilities are fundamental issues that have to be addressed in order to effectively grapple with the mental health challenges of Nigerians.

A lot of awareness is needed against most of the social stigma painted at ill people and the perception we hold toward people under social adversity. This is observable even among and outside health care professionals, including mental health professionals, stigma remains a huge issue. These pictures have to be changed through public health education via campaigns targeted specifically at stigma reduction. The increasing speaking up on social media is encouraging but remains at nascent stages.

We must adhere strictly to the recent policy on mental health notes that: To eliminate social stigma often associated with mental disorders, encouragement need to be given to the promotion of positive attitudes towards the mentally ill among the general population.

Government need to work to inform the general public about the nature, causes, and treatability of mental disorders. This is because, most people don't know that most mental health condition are socially created by events and social conditions individuals faces in their life

Nigerian government need to invest in mental health and employ more professional doctors and medical social workers to help in the provision of care and support for those facing social adversity

Finally, targeting cognitive vulnerability in people experiencing social adversity is well within the scope of the profession and could be a valid strategy for prevention of psychosis and other psychopathologies

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