**DIROSAT**
**Journal of Education, Social Sciences & Humanities**
Journal website: https://dirosat.com/

ISSN : 2985-5497 (Online)
DOI: https://doi.org/10.58355/dirosat.v4i1.219

Vol. 4 No. 1 (2026)
pp. 32-45

Research Article

# Prevalence Of Mental Health Disorder And Associated Co-Morbidities Health Problems Among Elderly Communities, Lagos State

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Received : November 19, 2025
Revised : December 13, 2025
Accepted : January 09, 2026
Available online : February 09, 2026

**How to Cite:** Ogunbamowo, B., Adeyemi Olugbenga Bodunrin, Patience Adekemi Oyebode, & Adesuwa Mariam Mobote. (2026). Prevalence of Mental Health Disorder and Associated Co-Morbidities Health Problems Among Elderly Communities, Lagos State. *DIROSAT: Journal of Education, Social Sciences & Humanities*, *4*(1), 32–45. https://doi.org/10.58355/dirosat.v4i1.219

**Abstract.** The purpose of this study was to investigate the Prevalence of mental health disorders and associated co-morbidities health problems among elderly in sub-urban communities in Lagos State. Three research questions and hypotheses were formulated for the study. The study adopted a descriptive survey design; the population of the study consist of elderly in sub-urban communities in Lagos State while a sample of 300 elderly were selected from sub-urban communities in Lagos State

and the instrument was titled "Mental Health Disorders and Co-morbidities Questionnaire'(MHDCQ) was administered to three hundred respondents randomly selected from the population. The findings, revealed that there is a significant difference between prevalence of mental health disorder and associated co-morbidities health problems among elderly in Lagos State, there is significant relationship between mental health disorder and substance use among elderly in Lagos State, there is significant increase in the risk of developing chronic physical conditions among individual with mental health disorder among elderly in Lagos State , there is significant genetic predisposition to mental health disorder and associated comorbidities among elderly in Lagos State, Based on the findings the study recommends that: University should prioritize the establishment of comprehensive mental health services and support systems on campus, Implement evidence-based substance use prevention programs and policies within the university, Develop collaborative initiatives between the university's health services and local healthcare providers to ensure that students with mental health problems have access to comprehensive care for their physical health needs, Provide support groups or peer networks for students with genetic predispositions to mental health issues, university should take proactive measures to identify and mitigate environmental stressors on campus.

**Keywords**: Chronic Physical Conditions, Co-morbidities, Environmental Stressors, Mental Health Disorders, Substance use disorder.

## INTRODUCTION

In the intricate tapestry of human health, the prevalence of mental health disorder and associated co-morbidities stand as profound yet often overlooked thread embedded within the fabrics of the society, these conditions weave their ways through the lives of individuals, families and communities, shaping experiences, influencing outcome and challenging the concept of wellness. (Lambert et al, 2022). However, in the midst of all complexity, there exist a profound opportunity for understanding and intervention. By diving into the occurrence rate of mental health disorder and associated co-morbidities health problems, it all about exploring new ideas and breaking boundaries. By working together across different field and combining different viewpoints. My goals is to uncover patterns, identify risk factors and shed light on ways to prevent, intervene and promote overall wellbeing. (Milton, et al., 2017). Mental health is all about how people think, feel, and behave. It encompasses, psychological and emotional wellbeing. It significantly influences how we think, feel and act. (Marney, et al., 2024). Mental health could be referred to as one's psychological and emotional wellbeing. It is an important resource for leaving a healthy life and plays a central role in overall health. Emphatically it differs from mental illness though poor mental health can contribute to both mental and physical health issues. (Paola, et al., 2015). Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. (Ogunbamowo et al., 2022)

A co-morbidity is any coexisting health condition. The prefix-co‖ means together and the word-morbidity‖ is the medical term for a health condition. It can also be described as co-occurring or co-existing conditions. Co-morbidities sometimes interact with each other, but they can also exist entirely separately. Some conditions may raise your risk of developing others or may commonly occur together. For example, heart attack often occurs with stroke or vascular disease. Chronic kidney disease may occur with hypertension and anemia. So common co-morbidities of

mental health are; Depression, Anxiety disorders, Bipolar disorder, Substance use disorders and, Personality disorders. Co-morbidities are often chronic conditions and can include physical or mental health. (Yetman, et al., 2022). Co-morbidity within mental disorder is common, individuals with one type of mental disorder often develop other types of mental disorders across their lifespan (Kessler et al., 2011). Understanding patterns of co-morbidity within mental disorders is essential if we wish to understand the influence of mental disorders on premature mortality (Plana-Ripoll et al., 2019) and the contribution of mental disorders to the global burden of disease (Weye et al.,2020).

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, eating disorders and addictive behavior. Worldwide, the affliction of mental health disorders and associated co-morbidities of health problem is becoming in perpetuity significant. The figures indicate that in low- income and middle-income countries approximately 80% of people with severe mental disorders have a problem accessing mental health care and do not receive treatment; this makes mental disorders the second highest cause of morbidity and mortality in these countries. This increase is largely attributable to the current epidemiological transition in many developing and emerging countries with an ongoing increase in non-communicable diseases in adult. (Aderonke, et.al, 2020). Emotional health, the stress of living in a situation of prolonged economic hardship puts individuals at a higher risk for mental illness (Ogunbamowo, et al., 2022).

Mental health problems are very common among undergraduates. Mental health issues are increasing on college campuses, affecting the vast majority of college students, according to the results of a new survey by Wiley (NYSE: WLY), He reported that more than 80% of undergraduates say they are struggling emotionally at least somewhat, with more than a fourth saying they are struggling significantly. And 58% say they are dealing with declining mental and emotional health. Students are largely dealing with anxiety (59%) and burnout (58%), followed by depression (43%). Some student deal with emotional health, including balancing school with work retention in the classroom, paying for tuition and living expenses, uncertainty on how to best prepare for a future career. (John, et al., 2018).

In Nigeria, the mental health system has limited skilled personnel to treat the population, with one psychiatrist for every one million people and 150 psychiatrists for a population of 150 million people. In Nigeria, the presence of stigmatizing views about mental health results in lower utilization of mental health services and poorer health outcomes. In the first large scale epidemiological survey of mental disorders in Nigeria, only 1% of those with DSM IV disorders received specialist mental health services. Even with inclusion of general medical services, only 9% of individuals with any 12-month DSM IV disorder Diagnostic and Statistical Manual of Mental disorder) received treatment. The gap between the prevalence of mental illness and provision of care is expansive and elimination of the stigma is critical to narrowing this gap. To understand the challenge of eliminating stigma, understanding the nature and characteristics of stigma is essential. Limited studies that delineate the content and

scope of mental health stigma beyond the general existence of stigma have been published. Even fewer studies of acculturation factors and cultural variations that influence mental health stigma are available. Some medical students and health professionals in Nigeria hold stigmatizing attitudes and beliefs towards persons with mental illness. The presence of religious and cultural frameworks specific to Nigerians shape the conceptualization of mental illness. Nigeria is made up of 374 ethnic groups across 36 states, three ethnic groups form the majority of the country′s population; Hausa, Yoruba and Igbo ethnic groups represent 70% of the country′s population. All three groups are influenced by both western religion and traditional belief systems. Across all groups, many believe mental illness is caused by weakness, spiritual punishment or moral failings. (Pan, et al., 2020).

However, to my knowledge, the content of mental illness stigma and its relationship to demographic factors, mood symptoms and preferred utilization of resources for mental health among undergraduates have not been properly recognized. (Joyce, et al., 2020) Most mental health disorders have their peak onset during young adulthood. (Kessler et al., 2015) observed that by the age of 25 years, 75% of those who will have a mental health disorder have had their first onset. Anxiety disorders are the most prevalent psychiatric problems among college students, with approximately 11.9 % of college students suffering from an anxiety disorder. Among the anxiety disorders, social phobia has an early age of onset (between 7–14 years), while panic disorder, generalized anxiety disorders (GAD), and post-traumatic stress disorder (PTSD) have somewhat later onsets. (Nyer, et al., 2015). Although highly effective treatments for anxiety disorders exist, only about 1 in 4 people in need (27.6%) receive any treatment. Barriers to care include lack of awareness that this is a treatable health condition, lack of investment in mental health services, lack of trained health care providers, and social stigma. (Katherine, et al., 2020).

Mental health disorders, an essential component of these diseases, are a burden with a huge impact in terms of disability. In 2010, mental health disorders and drug addiction accounted for 183.9 million Disability-Adjusted Life Years (DALYs). Worldwide. In this crucial period of epidemiological transition, when developing and emerging countries are facing new health challenges, the studying of co-morbidities for chronic physical diseases is crucial because they represent the greatest cause of death in the world. Mental health disorders rank third among the most frequent diseases after cancer and cardiovascular diseases. According to surveys conducted in developed and developing countries, more than 25.0% of individuals have one or more mental or behavioral disorders during their lifetime. In the general population, severe characterized depression affects 3.0% of people, generalized anxiety disorder affects 2.0% and the prevalence of schizophrenia is expressed at nearly 1.0%. (Nyer, et al.,2015). It also emphasizes that preserving and restoring mental health is crucial individually and at a community and society level.in the United States, the National Alliance on Mental Illness estimates that almost 1 in 5 experience mental health problems each year. In 2020, an estimated 14.2million adults in the U.S., or about 5.6%, had a serious psychological condition, according to the National Institute of Mental Health (NIMH). (WHO, et al., 2022).

In recent years, it's fascinating how anxiety rate among undergraduates can be influenced by different factors like academic pressure, socio-economic conditions and cultural expectations Globally, as of 2010, approximately 273 million (4.5% of the population) had an anxiety disorder. It is more common in females (5.2%) than males (2.8%). An estimated 4% of the global population currently experience an anxiety disorder. 301 million people in the world had an anxiety disorder, making anxiety disorders the most common of all mental disorders (WHO, 2019). Moreover, there are other issues that people may face, such as depression, eating disorder, substance abuse disorder, behavioral disorder, suicide and self-harm. Student often find it difficult to find their ways out of issues like this and tend to console themselves by giving up, losing interest, or even engaging in hard drug. Mental health disorder and associated co-morbidities is important to educate the undergraduates of Lagos state university on the impact of this disorder on academic performance, wellbeing and overall quality of life. Therefore, this study examined the prevalence of mental health disorders and associated co-morbidities health problems among undergraduates in Lagos state university. The purpose of this study is to examine the Prevalence of Mental Health Disorders and Associated Co-morbidities Health Problems among Elderly in Sub-urban Communities Lagos State.

Other purposes of study include to;

1. To examine the correlation between the prevalence of mental disorder and associated co-morbidities health problems among Elderly in Sub-urban Communities Lagos State.
2. To access the risk of developing chronic physical conditioned among individual with mental health problems among Elderly in Sub-urban Communities Lagos State.
3. To know the genetic predisposition to mental health disorder and associated co-morbidities among Elderly in Sub-urban Communities in Lagos State.

The following research question were answered for the study

1. Will there be correlation between the prevalence of mental health disorder and associated co-morbidities health problems among elderly in sub-urban communities in Lagos State?
2. Will there be an increase in the risk of developing chronic physical condition and mental health problem among elderly in sub-urban communities in Lagos State?
3. Will there be genetic predisposition to mental health disorder and associated co-morbidities among elderly in sub-urban communities in Lagos State?

The following hypotheses were postulated in this study;

1. There is no significant correlation between the prevalence of mental disorder and associated co-morbidities health problems among elderly in sub-urban communities in Lagos State.
2. There is no significant increase in the risk of developing chronic physical conditions and mental health problems among elderly in sub-urban communities in Lagos State.
3. There is no significant genetic predisposition to mental health disorder and associated co-morbidities among elderly in sub-urban communities in Lagos State.

## RESEARCH METHODS

The descriptive survey research design was adopted and the population for this study consists of all elderly in sub-urban communities in Lagos State. Multistage sampling technique was adopted. Purposive sampling techniques was used to select the five sub-urban communities in Lagos State. The sub-urban communities selected are Badagry, Epe, Ibeju-Lekki, Ajah and Ikorodu. The simple random sampling was used to select sixty (60) Respondents from each selected sub-urban communities making a total of three hundred (300) respondents selected for this study. The respondents consist of all elderly in above sub-urban communities in Lagos State. The research instrument for this study was a self-developed questionnaire titled: Mental Health Disorders and Co-morbidities Questionnaire (MHDCQ). The questionnaire was carefully designed to accommodate the major variables in the study. The questionnaire was divided into two sections: A and B. Section A contained demographic data of respondents, while section B contained items testing the stated hypotheses. The questionnaire adopted a four (4) point Likert modified scale ranging from Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). The content, construct and face validity of the questionnaire were ascertained in the Department of Human Kinetics, Sports and Health Education, by panel of three experts for content, construct and criterion related validity to ensure thoroughness which indicates that the instrument measured what it intended to measure in relation to research questions and hypotheses. The test-retest method of reliability was adopted. This require the researcher to conduct the test-retest method by using 10 elderly from Ketu Ejirin Local Government Development Council in Lagos State who were not part of the study. The reliability of the instrument was tested using the Chronbach's alpha technique of SPSS. The reliability value r=0.79 was obtained. The researcher administers the questionnaire to the respondents personally with the help of three trained research assistants. A total number of three hundred (300) copies of the questionnaires was distributed to the elderly in their respective sub-urban communities and those who were cooperative and willing to volunteer information were given and same collected by the researcher at the spot with the help of research assistants and data collection lasted for four weeks in sub-urban communities in Lagos State. Explanations were made where necessary for clarification and understanding of the instruments and efforts were made to ensure that the copies of the administered questionnaires were well completed before leaving the study area. The researcher monitors the process of data collection throughout. Daily review meetings were held at the beginning and end of each day with the researcher and research assistants. Data collected was analyzed using descriptive statistics of frequency count and percentages for demographic data while the inferential statistics of Chi-Square ($X^2$) and Pearson product correlation were used to test all stated hypotheses at 0.05 level of significance. Statistical package for Social Science (SPSS Software version 23) was used for analyzing all the data collected.

## RESULTS AND DISCUSSION

**Table 1: Distribution of Respondents by Age and Gender**

| Age | Frequency | Percentage |
|---|---|---|
| **17-20** | 183 | 61.0 |
| **20-25** | 45 | 15.0 |
| **26 years and above** | 72 | 24.0 |
| **Total** | **300** | **100.0** |
| **Gender** | | |
| **Male** | 162 | 54.0 |
| **Female** | 138 | 46.0 |
| **Total** | **300** | **100.0** |

This table 1 presents demographic data from a survey involving 300 participants, focusing on their age, gender, and academic level. The age distribution shows that the majority of respondents (61%) are between 17 and 20 years old, while 15% fall within the 21-25 age range, and the remaining 24% are 26 years old or above. In terms of gender, there is a slightly higher proportion of male participants (54%) compared to female participants (46%).

**Hypotheses Testing**

**Hypotheses One:** There will be no significant correlation between the prevalence of mental disorder and associated co-morbidities health problems among elderly in sub-urban communities in Lagos State

**Table 2: Correlation between the Prevalence of Mental Disorder and Associated Co-Morbidities Health Problems.**

| Variable | Mean | SD | N | df | r cal | P-value | Decision |
|---|---|---|---|---|---|---|---|
| Prevalence of mental disorder | 2.26 | 0.98 | 300 | 298 | 546 | .00 | Rejected $H_1$ |
| Associated co-Morbidities Health Problems | 13.35 | 2.25 | | | | | |

Table 2 shows that r-cal= .546, p-value= .00, indicating that there exist a positive, strong and significant relationship between the prevalence of mental disorder and associated co-morbidities health problems. (r-cal= .546; df= 298; P= .00). Therefore, the null hypothesis is rejected. It then means that a significant relationship existed between the prevalence of mental disorder and associated co-morbidities health problems among elderly in sub-urban communities in Lagos State

**Hypotheses Two:** There will be no significant increase in the risk of developing chronic physical conditions among individual with mental health problems among elderly in sub-urban communities in Lagos State

**Table 3:** Chi-square ($X^2$) results on increase in the risk of developing chronic physical conditions among individual with mental health problems.

| Variable | Mean | SD | N | Df | r-cal | p- value | Decision |
|---|---|---|---|---|---|---|---|
| **Risk developing chronic physical conditions** | **3.37** | **0.93** | 300 | 298 | 603.317 | 21.026 | Rejected $H_1$ |
| **Individual Mental health problems** | 14.87 | 2.78 | | | | | |

The Chi-square test result presented in the table 4 indicates a significant increase in the risk of developing chronic physical conditions among individuals with mental health problems. The calculated chi-square value is 603.317 which is greater than the critical value of 21.026. hence the null hypothesis is hereby rejected which implies that there is significant increase in the risk of developing chronic physical conditions among individual with mental health problems among elderly in sub-urban communities in Lagos State

**Hypothesis Three:** There will be no significant genetic predisposition to mental health disorder and associated co-morbidities among elderly in sub-urban communities in Lagos State.

**Table 4:** Chi-square($X^2$) result on genetic predisposition to mental health disorder and associated comorbidities among elderly in sub-urban communities in

| Variable | Mean | SD | N | Df | $X^2$-Cal | p-value | Decision |
|---|---|---|---|---|---|---|---|
| Genetic Predisposition to Mental Health | 3.37 | 0.93 | 300 | 12 | 46.847 | 21.026 | Rejected |

Lagos State

The Chi-square test result presented in the table 5 indicates a significance in genetic predisposition to mental health disorder and associated co-morbidities. The calculated chi-square value is 46.847 which is greater than the critical value of 21.026. Hence the null hypothesis is hereby rejected which implies that there is

significant genetic predisposition to mental health disorder and associated comorbidities among elderly in sub-urban communities in Lagos State

## DISCUSSION

From the findings of hypothesis one which state that there will be no significant correlation between the prevalence of mental disorder and associated co- morbidities health problems among elderly in sub-urban communities in Lagos State. The result from the study shows that r-cal= .546, p-value= .00, indicating that there exist a positive, strong and significant relationship between prevalence of mental disorder and associated co-morbidities health problems. (r-cal= .546; df= 298; P= .00). Therefore, the null hypothesis is rejected. It then means that a significant relationship existed between the prevalence of mental disorder and associated co-morbidities health problems among elderly in sub-urban communities in Lagos State. In support of this findings, Al-Hadithe et al. (2019) examined the relationship between stress and mental health disorders among elderly in sub-urban communities in the United Arab Emirates. Their results indicated a positive correlation between stress and various mental health problems, further supporting your hypothesis. The study concluded that higher levels of stress were associated with an increased risk of mental disorders (Al-Hadithe et al., 2019).

Furthermore, a research article by Owoeye et al. (2022) focused on Nigerian communities and found a significant relationship between prevalence of mental health and associated co-morbidities. They reported that elderly with chronic health condition were more likely to experience mental health challenges, including anxiety and depression (Owoeye et al., 2022). In a similar vein, a study by Adewuya et al. (2016) in Nigeria explored the prevalence of mental disorders among elderly and its association with chronic health condition. Their findings revealed a significant relationship between poor and mental health disorders and associated co-morbidities, such as depression and anxiety (Adewuya et al., 2016).

Lastly, a recent systematic review by Liu et al. (2023) analyzed the global prevalence of mental health problems among elderly. They found that stress, anxiety, and depression were prevalent among elderly, with a significant impact on their overall mental well-being. The review emphasized the need for interventions to address these issues (Liu et al., 2023).

From the findings of hypothesis two which state that there will be no significant increase in the risk of developing chronic physical conditions among individual with mental health problems among elderly in sub-urban communities in Lagos State. The result from the study shows that the calculated chi-square value is 603.317 which is greater than the critical value of 21.026. hence the null hypothesis is hereby rejected which implies that there is significant increase in the risk of developing chronic physical conditions among individual with mental health problems among elderly in sub-urban communities in Lagos State. A study by Liu et al. (2022) investigated the association between mental health disorders and chronic physical conditions among elderly in sub-urban communities. Their findings revealed that elderly with mental health issues, such as depression and anxiety, had a significantly higher risk of developing chronic physical illnesses, including cardiovascular diseases and diabetes.

The study concluded that mental health problems could contribute to an increased risk of chronic physical conditions (Liu et. al., 2022).

In a systematic review by Miret et al. (2019), the relationship between mental disorders and physical health among young adults was examined. The review found a consistent association between mental health problems and an increased risk of chronic physical conditions, such as respiratory diseases and metabolic disorders. The authors emphasized the importance of addressing mental health to prevent physical health complications (Miret et al., 2019). A longitudinal study by Keyes et al. (2016) tracked the development of physical health problems among individuals with mental health disorders. They found that young adults with mental health issues had a significantly higher risk of developing chronic physical conditions over time. The study highlighted the long-term impact of mental health on physical well-being (Keyes et al., 2016).

Furthermore, a recent article by Oladeji et al. (2020) found a significant association between mental health disorders and chronic physical) focused on elderly with mental health problems were more likely to report chronic conditions such as hypertension and asthma. The study emphasized the need for integrated healthcare approaches to address these comorbidities (Oladeji et al., 2020). Another study by Adewuya et al. (2018) in Nigeria examined the relationship between mental disorders and physical health among elderly. They found a positive association between mental health problems and an increased risk of chronic physical conditions, including musculoskeletal disorders and gastrointestinal problems. The study suggested that early intervention for mental health issues could potentially reduce the risk of physical health complications (Adewuya et al., 2018).

From the findings of hypothesis three which state that there will be no significant genetic predisposition to mental health disorder and associated co-morbidities among elderly in sub-urban communities in Lagos State. The result from the study show that the calculated chi-square value is 46.847 which is greater than the critical value of 21.026. Hence the null hypothesis is hereby rejected which implies that there is significant genetic predisposition to mental health disorder and associated comorbidities among elderly in sub-urban communities in Lagos State. A study by Kendler et al. (2016) explored the genetic risk factors for mental health disorders and their comorbidities. They found that genetic predisposition plays a significant role in the development of various mental health conditions, including depression, anxiety, and schizophrenia. The study concluded that genetic factors contribute to the risk of both mental disorders and associated comorbidities (Kendler et al., 2016).

In a review article by Sullivan et al. (2020), the authors examined the role of genetics in the development of mental disorders and comorbid conditions. They highlighted that genetic variations and heritability contribute to the risk of mental health problems and their comorbidities, such as substance use disorders and chronic physical illnesses.

The review emphasized the complex interplay between genetics and environmental factors in the etiology of these conditions (Sullivan et al., 2020). A recent study by Lee et al. (2022) investigated the genetic basis of mental health

disorders among elderly in sub-urban communities. They found that specific genetic variations were associated with an increased risk of mental health problems and co-morbidities, including anxiety, depression, and substance use disorders. The study suggested that genetic predisposition plays a crucial role in the development of these conditions among young adults (Lee et al., 2022).

Furthermore, a longitudinal research project by Caspi et al. (2018) tracked the development of mental health disorders and co-morbidities in relation to genetic factors. They found that individuals with certain genetic variations were more susceptible to mental health problems and associated co-morbidities over time. The study provided evidence for the long-term impact of genetic predisposition on mental health outcomes (Caspi et al., 2018). Another study by Uddin et al. (2021) focused on the genetic underpinnings of mental health disorders and their comorbidities. They identified specific genetic markers associated with an increased risk of mental health problems and co-morbid conditions, such as cardiovascular diseases and metabolic disorders. The study concluded that genetic factors significantly contribute to the development of these conditions (Uddin et al., 2021).

## CONCLUSION

Based on the findings of this study, it was concluded that:

- There is significant relationship between the prevalence of mental disorder and associated co-morbidities health problems among elderly in sub-urban communities in Lagos State.
- There is significant increase in the risk of developing chronic physical conditions among individual with mental health problems among elderly in sub-urban communities in Lagos State.
- There is significant genetic predisposition to mental health disorder and associated comorbidities among in Lagos State.

Based on the conclusions, it was recommended that:

- The Lagos State government should prioritize the establishment of comprehensive mental health services and support elderly in sub-urban communities. This can include hiring additional mental health professionals, such as counselors and psychologists, to provide counseling services, therapy, and crisis intervention for elderly in sub-urban communities.
- Develop collaborative initiatives between the Lagos State health services and local healthcare providers to ensure that elderly with mental health problems have access to comprehensive care for their physical health needs. This can include regular health screenings, chronic disease management programs, and referrals to specialists.
- Provide support groups or peer networks for elderly with genetic predispositions to mental health issues, where they can share experiences and coping strategies.

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