

DETERMINATION OF DEPRESSION, ANXIETY AND STRESS AMONG RETIREES IN KOGI STATE AND PREVENTIVE STRATEGIES

Veronica J. Ejeh^{1*}, Charles C. Igbokwe² and Helen N. Onoja³

1&3. Department of Physical and Health Education, Kogi State College of Education,
Ankpa, Kogi State, Nigeria; veronicaejehjummai@gmail.com

2. Department of Human Kinetics & Health Education, University of Nigeria, Nsukka

ABSTRACT: *Retirees, especially in developing nations like Nigeria experience diverse health problems. Notable among them are depression, anxiety and stress. The present study aimed to determine the level of depression, anxiety, and stress among retirees, and formulated preventive strategies. The study was guided by four research questions and one null hypothesis. The survey research design was adopted for the study. A sample size of 1,250 respondents was drawn using multi-stage sampling procedure. Data were generated through researcher-structured questionnaires. The reliability was established through Cronbach Alpha statistic to determine the correlation coefficient index, which yielded 0.97. Data were analyzed using descriptive statistics of frequencies, percentages, and standard deviation. The study revealed that retirees experienced extremely severe level of depression (DASS) score=19.3, anxiety (DASS) score = 21.1 and stress (DASS) score = 17.3. It was therefore recommended that public health awareness and education campaigns of health problems on depression, anxiety and stress should be carried out by the National Orientation Kogi State Chapter, social welfare workers, counselors, educators, health educators, NGOs, and mass media to prevent and mitigate depression, anxiety and stress among retirees in Kogi State.*

KEYWORDS: retirees, depression, anxiety, stress, prevention.

INTRODUCTION

Retirees, in Nigeria experience diverse emotional health problems. Notable among them are depression, anxiety and stress. Approaching retirement on its own is a source of depression, anxiety and stress. This is due to the uncertainties after retirement (Rotimi, 2005). The problems of retirement among retirees have generated a lot of psychological and emotional feelings due to uncertainty, feeling of insecurity and unpreparedness. This has become a major public health challenge worldwide. The concern arose from the fact that emotional health problems are associated with leading causes of enormous psychological, social and economic burden on society and individual retirees, in both developed and developing nations. Coupled to this, it constitutes major psychiatric problems affecting retirees, which is associated with increased risk in physical and psychological changes (World Health Organization, 2001). Steel, Marnane, Chey, Jackson, Patel and Silone (2014) observe that emotional health problems such as depression, anxiety and stress are among the burden disease globally that affect the quality life of the retired population. WHO (2016) sees that the problem of depression, anxiety and stress are largely hidden under the shroud of mental health, because the signs among retirees are often not recognized leading to

overlooked, misdiagnosed, untreated and under-identified by health care professionals, as they coincide with other problems encountered by retirees.

Globally, the prevalence of depression, anxiety and stress appears to be high among elderly retirees. Demyttenaere, Bruffaerts, Posada-villa, Gasquet, Kovess, Lepine and Chatterji (2004) stated that WHO estimated that between 35 per cent to 50 per cents of retired people suffer severe depression, anxiety and stress in developed countries, and 76 – 85 per cent in the developing countries. Evidence suggests that majority received no treatment for these problems. Dupree, Watson and Schneider (2005) also reported that approximately 20 per cent of older adults have depression, anxiety and stress as emotional health problems today, yet only half of the older adults who acknowledged such problems received treatment and only a fraction of the affected individuals received specialized mental health services. It is estimated that one in every four elderly retired person is affected by emotional health problem at some certain stage in life. In sub-Saharan African countries the prevalence of depression, anxiety and stress seems to be very high among the elderly retired population. As Onyemelukwe (2016) asserts, it is estimated that 20-30 per cent of the retired population are believed to suffer from emotional health problems such as depression, anxiety and stress. This is a significant number considering Nigeria at an estimated population of over 200 million. Unfortunately, the attention given to this problem is fleeting at the best level of awareness, with poor Nigeria public having a misunderstanding and misconceptions of ideals about the problems which continue to have negative influence on retirees (Suleiman, 2016).

Retirement is an objective development and social-psychological transformation that is related to physical and psychological well-being (Moen, 2001). It may promote a sense of well-being in workers moving out of a demanding or stressful career jobs as a sign of good emotional feeling; or on the other hand, it may lead to diminished well-being for individuals who lose their occupational attachment, social networks and identities (Kim & Moen, 2002) which may lead to unstable emotional feelings. Oneye (2012) notes that retirement from work often create a lot of problems for retirees. These problems range from sudden loss of income, financial insufficiency and anxiety, deteriorating health conditions, anxiety about suitable post-retirement accommodation to problem of learning new survival skills for post-retirement life.

The emotional health problems related to retirement are described as anxiety, stress, and depression, in retirement. These emotional health problems are described as having relationships with many life circumstances during retirement, such as finances, bridgework, family issues, housing issues, and physical health. Depression, anxiety and stress have been implicated as the most common problems faced by people who retired from their jobs. America Psychological Association (2005) affirmed that emotional health problems such as anxiety and depression adversely affect one's physical health and ability to function. Abubakar (2013) which states that majority of retiree's experiences in Kogi State have been linked to negative outcomes toward their emotional well-being such as feelings of anxiety, lowered self-esteem (depression), and increased incidence of stresses. Latiffah, Esra, Normala, Azrin and Shirin (2017) assert that retirees suffer from psychosocial problems which include emotional problems of anxiety, depression and stress, because this is a crucial period with impressive emotional changes.

Depression is an emotional health condition marked by an overwhelming feeling of sadness, isolation and despair that affect how a person thinks, feels and functions (Bahar, 2017). It refers to negative effects on a person's mood, thoughts, feelings, behaviours, and physical health. Smeltzer, Bare, Hinkle and Cheever (2010) define depression as a state in which a person feels sad, distressed and hopeless with little or no energy for normal activities. WHO (2017) states that depression is a pathological state that is associated with feelings of loss or guilt and characterized to sadness, lowering of self-esteem, disturbed sleep or appetite, feeling of tiredness, and poor concentration. World Mental Health Survey Initiative (2016) identified depression, as one the major mental health problems, which ranked fourth among the top 10 leading cause of disease world over. Smeltzer, et al (2010) describes depression as a common response to health problems and are often under-diagnosed problems in the elderly population. Yusuf and Adeoye (2011) affirm that depression is a common health problem worldwide, especially among the older population in developing nations including Nigeria. Adekoye (2013) states that depression is a common mental disorder which presents with depressed mood, lost of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep and poor concentration. He identified the period of unemployment, loss of spouse or other family member, etc as some of the causes of depression. Depression presents with it a variety of consequences, such as psychomotor retardation in which the victims experiences the extensive paranoid or nihilistic delusion and hallucinations (Bashir, 2017). Depression affects retirees in Nigeria, because the average income of Nigerian continues to depreciate in value every day, a very peculiar trend in comparison to what is obtained in other parts of the globe. Mohammed (2007) laments that Nigeria economic hardship can cause depression, which in turn is among the variables of retirement, especially among junior retiring staff. He also states that many people became depressed after a major life changes such as death, illness of loved person, retirement, stressful conflicts within the family, sexual or emotional abuse, financial difficulties and violation of one's instruction by others.

Anxiety is an unpleasant state of mental uneasiness, nervousness, apprehension and obsession. It is concerned with the uncertainties in life and characterized by an unpleasant state of inner turmoil, often accompanied by nervous behaviour, such as pacing back and forth, somatic complaints, and rumination. American Psychological Association (2017) define anxiety as an emotion characterized by feeling of tension, worried thoughts and physical changes like increase in blood pressure. Anxiety in retirement is described by its nature, as it involves fears and worries about the future of the retiree, as a result of the cessation of active working life. It involves fear that usually results from change, is inevitable but most people tend to resist change because it is not always convenient (Bryant, et al., 2008). Many retirees, sees work as a source of identification and status, and when it is no longer there, they were considered to be ill-dispositions to retirement because of supposed psychological, physiological and financial effects of retirement on them (Ogunbameru & Bamiwuye, 2004). According to Orhungur and Rotimi (2005) many retirees experience anxiety because they are not fully prepared for retirement as they do not own houses, cars and adequate investment or business to cushion the numerous effects of retirement. Generally, anxiety may stem from loss of income, poor maintenance culture of the available material resources, poor saving culture, and lack of investment amongst others. If these fears are not managed properly, the retirees may become maladjusted immediately after retirement.

Stress is a state of emotional strain or tension resulting from adverse situations or demanding circumstances. Wood, Wood and Boyd (2008) state that stress refers to being upset about things that have happened or about excessive tasks or responsibilities that are demanded of one. Akinade (2007) asserts that stress refers to any stimulus that either raises your excitement or anxiety level beyond what you regard as above your usual or personal capability. Retiree under stress shows sign of anxiety, tension, inattentiveness, instability and a lot of maladaptive behaviours; at onset, stress stimulates the mental process to readjust and fashion out coping strategies. The implications of stress on retirees are enormous. Most retiree experiences some degree of stress after retirement. It may be stressors emanating from the consequences of the previous working years such as difficulties in assessing one's retirement benefits due to government's beaurocracy/corruption, devaluation of benefits due to rising cost of living occasioned by inflation and government corruption or other natural factors not actually related to the work years such as; lack of family support, inability to cater for life's needs, frequent ill-health and cost of coping with same, loneliness, loss of friends and loved ones, low social activities, lost of vigor and strength and general distaste with life. These no doubt are causes and sources of retirement stress to retirees and in no small measures trigger retirement anxiety on those whose retirement are imminent (Baba, Garba & Zakariyah, 2015).

It is therefore necessary that these groups of individuals are made to be prepared both economically, socially and psychologically. Since retirees face role changes which raise questions of self image, values, power and security, they need to adopt some approaches and coping strategies that can prevent these burdens and alleged fears. It is against this background that this study seeks to identify some preventive strategies that might be used to ameliorate depression, anxiety and stress. Prevention strategies entails a detailed evaluation of retiree's experiences in a natural setting, as its resultant will inform the formulation of preventive strategies to enhance stable emotional health and ameliorate the prevalence of depression, anxiety and stress among retirees. WHO (2016) report states the need for prevention as initiative that is needed to reduce gap and to support, by providing preventive knowledge, through expertise, policies and interventions that are responsive to retirees' needs, culture, conditions and opportunities. The National Research Council and Institute of Medicine (2009) notes that preventive strategies take place under education, social support and activity levels (exercise) and are capable of modifying life in retirees to ameliorate the problems of depression, anxiety and stress. Some preventive strategies as specified by authors are established and formulated as preventive strategies for depression, anxiety and stress under the following: education and public awareness campaigns, assessment of general health and needs of retirees, counselling services, mass media or information dissemination, exercise, and creating support group or social support group for retirees (National Academy of Science, 2008; National Research Council, 2009). Adaptation of the above preventive strategies could reduce depression, anxiety and stress to its barest minimum and enable stable retirees.

Majority of retirees in the area are experiencing health problems associated with retirement. There are a lot of complaint of non-payment of gratuities, irregularity in the payment of monthly pension and low level of income, health constraints, problem of securing residential accommodation and social insecurity. Many of the retirees are not capable of fulfilling their daily demands, which has left many in worrisome situation due to poor economic and crude administrative processes. This

situation has led to increase in the instability of emotional status of retirees and expression of health problems such as depression, anxiety and stress. It is also observed that many retirees are vulnerable to depression, anxiety and stress throughout the lifespan due to lower income level, age, poor accommodation and reduced opportunities for education, less access to health care, lose of spouse or loved ones or marital issues. It is against this backdrop that the researchers were prompted to determine the level of depression, anxiety and stress among retirees in Kogi State Nigeria.

Statement of the Problem

Retirement is meant to be a period of fulfillment and actualization after years of meritorious service to the nation. It is expected that retirees live happily as they enjoy their old age with high level of satisfaction and maintain good emotional health. Unfortunately, retirement has become a nightmare to many retirees. Retirees experience irregularity in the payment of monthly pensions, non-payment of gratuities and pensions, lower income level, health constraints, problems of securing residential accommodation and social insecurity of the retirees, has been a major challenge to their emotional stability. This has culminated to onset of emotional health problems such as depression, anxiety and stress. Observing such situations, the potential retirees are faced with the problems of planning how to cope with the numerous challenges of personal accommodation and belongings, new relationships and declining income amongst others. Such thoughts often lead to declining health status. Despite the increasing rate of depression, anxiety and stress in Nigeria, the level of prevalence among retirees in Kogi State is not known, hence the need for the study.

Purpose of the Study

The general purpose of the study was to determine the level of depression, anxiety and stress among retirees in Kogi State. Specifically, the study sought to determine:

1. Level of depression among retirees in Kogi State;
2. Level of anxiety among retirees in Kogi State;
3. Level of stress among retirees in kogi state
4. Formulate preventive strategies for depression, anxiety and stress among retirees in kogi state.

Research Questions

The following research questions guided the study:

1. What is the level of depression among retirees in Kogi State?
2. What is the level of anxiety among retirees in Kogi State?
3. What is the level of stress among retirees in Kogi State?
4. What are the formulated preventive strategies for depression, anxiety and stress among retirees in Kogi State?

METHODS

Correlational survey research design was adopted for the study. The population for the study comprised 9,950 retirees in Kogi State. A multi- stage sampling procedure was employed to draw

up the sample size of 1,250 retirees in Kogi State for the study. The sample was done in three stages. The first stage involved the use of simple random sampling technique of balloting without replacement to select two (2) senatorial districts out of the three (3) senatorial districts/zones in Kogi State. The second stage involved the use of simple random sampling technique of balloting without replacement to select five local Government Areas (5) LGAs each out of the selected two senatorial districts in Kogi State. In the third stage convenience sampling was used to select 125 retirees each in the selected 10 LGAs in Kogi State. The instruments for data collection were the researcher- structured questionnaires titled “Emotional Health Problems Questionnaire (EHPSQ)” and Preventive Strategies for Emotional Health Problems Questionnaire (PSEHPQ). The EHPSQ was designed based on the baseline data. The internal consistency reliability of the EHPSQ was determined using Cronbach Alpha method. The reliability coefficients of .97, was obtained. The data were analyzed using Descriptive statistics of frequencies, percentages, mean and standard deviation to answer the four research questions.

Results

Research Question one: What is the level of depression among retirees in Kogi State?

Table 1

Level of Depression among Retirees in Kogi State (n = 1,199)

S/N	Depression	AA		OFTEN		SOMETIMES		NEVER		DASS Score
		f	(%)	f	(%)	f	(%)	f	(%)	
1.	I couldn't seem to experience any positive feeling at all.	256	(21.4)	307	(25.6)	268	(22.4)	368	(30.7)	1.37
2.	I found it difficult to work up the initiative to do things, ever since I retired.	250	(20.9)	353	(29.4)	259	(21.6)	337	(28.1)	1.43
3.	I felt that I had nothing to look forward to, since I retired.	214	(17.8)	254	(21.2)	237	(19.8)	494	(41.2)	1.15
4.	I felt down-hearted and blue.	157	(13.1)	174	(14.5)	255	(21.3)	613	(51.1)	0.87
5.	I was unable to become enthusiastic about anything.	407	(33.9)	320	(26.7)	182	(15.2)	290	(24.2)	1.70
6.	I felt I wasn't worth much as a person.	382	(31.9)	328	(27.4)	195	(16.3)	294	(24.5)	1.66
7.	I felt that life was meaningless	373	(31.1)	314	(26.2)	224	(18.7)	288	(24.0)	1.64
Cluster		24.3		24.4		19.3		31.9		9.82×2=19.6

Table 1 shows that overall, retirees had extremely severe level of depression at DASS score of 19.6. This implies that the level of depression among retirees is extremely severe. The table further shows that 24.3 per cent, 24.4 per cent and 19.3 per cent of retirees had depression almost always, often and sometimes respectively.

Research Question Two: What is the level of anxiety among retirees in Kogi state?

Table 2

Level of Anxiety among Retirees in Kogi State (n = 1,199)

S/N	Anxiety	AA		OFTEN		SOMETIMES		NEVER		DASS Score
		f	(%)	f	(%)	f	(%)	f	(%)	
1.	I was aware of dryness of the mouth.	376	(31.4)	318	(26.5)	174	(14.5)	331	(27.6)	1.61
2.	I experienced breathing difficulty (excessive rapid breathing, breathlessness in the absence of physical exertion.	222	(18.5)	328	(27.4)	275	(22.9)	374	(31.2)	1.33
3.	I experience trembling (e.g. in the hands).	330	(27.5)	332	(27.7)	199	(16.6)	338	(28.2)	1.54
4.	I was worried about situations in which I might panic and make a fool of myself.	232	(19.3)	257	(21.4)	254	(21.2)	456	(38.0)	1.22
5.	I felt close to panic.	423	(35.3)	279	(23.3)	180	(15.0)	317	(26.4)	1.67
6.	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, the heart missing a beat).	358	(29.9)	294	(24.5)	254	(21.2)	293	(24.4)	1.59
7.	I felt that scared without any good reason	363	(30.3)	298	(24.9)	257	(21.4)	281	(23.4)	1.61
Cluster		27.5		25.1		18.9		38.4		10.57×2=21.1

Table 2 shows that overall DASS score of 21.1 indicate that retirees had extremely severe level of anxiety. This implies that retirees experienced anxiety at extremely level. The table further shows 27.5 per cent, 25.1 per cent and 18.9 per cent of retirees experienced anxiety almost always, often and sometimes respectively.

Research Question Three: What is the level of stress among retirees in Kogi State?

Table 3

Level of Emotional Health Problems of stress among retirees in kogi state (n = 1,199)

S/N	stress	AA	OFTEN	SOMETIMES	NEVER	DASS Score
		f (%)	f (%)	f (%)	f (%)	
1.	I found it hard to wind down, since I retired.	368(30.7)	316(26.4)	210(17.5)	305(25.4)	1.62
2.	I tended to over-react to situations.	275(22.9)	349(29.1)	224(18.7)	351(29.3)	1.45
3.	I felt I was using a lot of nervous energy	367(30.6)	319(26.6)	186(15.5)	327(27.3)	1.60
4.	I found myself getting agitated.	154(12.8)	163(13.6)	234(19.5)	648(54.0)	0.85
5.	I found it difficult to relax.	109(9.1)	156(13.0)	273(22.8)	661(55.1)	0.76
6.	I was intolerant of anything that kept me from getting on with what I was doing.	109(9.1)	145(12.1)	224(18.7)	721(60.1)	0,70
7.	I felt that I was rather touchy.	382(31.9)	319(26.6)	213(17.8)	285(23.8)	1.66
Cluster overall		21.1	20.9	18.7	39.3	8.64x2=17.3

Note: *Never (NE) =0; Sometimes(SM) =1; Often (OF) =2; Almost always (AA) =3; DASS-21 = depression, Anxiety and Stress scale -21 item version*

Key for interpretation of DASS scores

	Depression	Anxiety	Stress
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extremely severe	14+	10+	17+

Table 3 shows that overall, retirees had extremely severe level of stress (DASS score =17.3). Furthermore, the table shows that 21.1 per cent, 20.9 per cent and 18.7 per cent of retirees experienced stress almost always, often and sometimes respectively. This implies that retirees in Kogi State experienced high levels of emotional health problems.

Research Question four: What are the formulated preventive strategies for depression, anxiety and stress among retirees in kogi state?

Table 4

Preventive Strategies for Emotional Health Problems among Retirees in Kogi State (n=20)

S/ N	Inappropriate Preventive Strategies %	Appropriate			
		f	%	f	
	Legitimization and Shelter Provision				
1.	Provision of shelter or institutionalization for retirees	14	66.7	7	33.3
2.	Establishment of Strong legitimate rights and support from the government	15	71.4	6	28.6
	Assessment and Evaluation of health				
3.	Reporting cases of emotional instability to health care centre and professionals.	19	90.5	2	9.5
4.	Periodic assessment of health regularly	18	85.7	3	14.3
5.	Availability of free screening and Testing facilities should be provided in health centres for health assessment.	16	76.2	5	23.8
	Education and Public Awareness Campaign				
6.	Training everyone especially the caregivers and care-recipients (retirees) in non-emotional problems resolutions through family life education.	20	95.2	1	4.8
7.	Attending seminars, public health conferences and workshops about retirees' quality life such as emotional stability, legal reforms and skill-building awareness to keep retirees busy.	20	95.2	1	4.8
8.	Campaigns to raise public awareness about danger of emotional health problems	21	100.	0	0.00
9.	Mass-media, digital technologies and internet network campaign channel should open for healthcare, managing conditions and therapy.	18	85.7	3	14.3
	Counselling				
10.	Establishing counseling units in the federal and state ministries of labour and productivity, as such unit should be conducting pre and post retirement seminars for affected retirees' in different area.	19	90.5	2	9.65
11.	Guidance counselor and clinical psychologist through public lecture, seminar and media organization should enlighten family members and retirees on the need to eat balanced meal and emotional stability.	18	85.7	3	14.3
12.	Rehabilitative services outreach to victims e.g consultation services, psycho-therapy services, psycho-diagnostic testing services and others.	16	76.2	5	23.8
	Organizing Programme				
13.	Life adjustment, self-management and cognitive behavioural therapy program for severe depression/anxiety counseling, stress management therapy and loneliness counseling should be established.	19	90.5	2	9.5
14.	Vocational rehabilitation programs to retrain retirees for reduction of social and economic factors.	16	76.2	5	23.8
15.	Formulation of smaller scale program like Adolescent Depression Awareness Program.	19	90.5	2	9.5

16.	Retirees should be equipped with identified strategies of seeking pre-retirement counselling, having sense of self reliance and making appropriate savings and investment before retiring to curb anxiety and creating support group for interaction and sharing problems to avert loneliness..	19	90.5	2	9.5
	Good Emotional Stability				
17.	Providing financial support for victims of emotional instability	14	66.7	7	33.3
18.	Proper resource management of retirees	13	61.9	8	38.9
19.	Potential retirees should devote time to start associating closely with their kiths and kins at home in order not to suffer loneliness at retirement.	17	81.0	4	19.0
	Exercise				
20.	Involve in regular physical exercise to maintain healthy life styles	17	81.0	4	19.0
21.	Establishment of recreational institutions for relaxation, cognitive alertness and physical exercise	15	71.4	6	28.6
	Overall %		82.3		17.7

Key: 50% and above = appropriate; below 50% = inappropriate

Data in Table 4 show that the overall percentage for formulated preventive strategies is 82.3 per cent which is more than 50 per cent. This implies that the formulated preventive strategies are appropriate. Moreover, it shows that the experts acknowledged that the strategies are capable of preventing emotional health problems of depression, anxiety and stress among retirees in Kogi State.

DISCUSSION

Result in Table 1 shows that retirees experienced severe level of depression. This finding was expected and is in consonance with that of WHO (2017) report which stated that depression affects 5-7% of the world's older adults and 3.8% of the older adults are affected with anxiety problem. Retirees in Kogi State face a lot of problems which they experienced as challenges after retirement that have consequential effects on their emotional well being.

Results in Table 2 indicate that retirees experienced severe level of anxiety. This finding was anticipated and therefore not surprise. This finding agree with that of Orhungur (2005) and Rotimi (2005) who found that many workers experience anxiety because they are not fully prepared for retirement as they do not own houses, cars and adequate investments or business to cushion the numerous effects of retirement.

Result in Table 3 revealed that retirees experienced stress at extremely severe level. This finding is not surprising as is in line with that of Oneye (2012) who revealed that retired civil servants in Nigeria are experiencing stressful retirement from ten different sources, the main one being financial insufficiency.

Result in Table 4 revealed the formulated preventive strategies about emotional health problems are appropriate. This finding suggests the need for preventive strategies that helps in the reduction

of depression, anxiety and stress and encouragement of retirees to seek adequate interventions to restore or promote their emotional health status.

CONCLUSION

Based on the finding of the study, it was concluded that retirees in Kogi State experience extremely severe level of depression, anxiety and stress.

Recommendations

1. Public awareness and education campaigns addressing retirees on emotional problems and consequences of emotional health problems should be carried out by employee (both privates and government), social welfare workers, counselors, public educators, health educators and mass media.
2. Government should organize various forms of emotional health problems management classes and workshop at least once in a year, for civil servants to prepare them for their retirement life at different level of establishment.
3. Efforts should be intensified to organize programmes that aimed at helping retirees adjust to a non-working lifestyle it should be offered especially for potential voluntary retirees to enable them maintained a positive emotional health conditions. In order to avoid emotional health problems like depression, anxiety, stress, anger, loneliness etc.
4. Kogi State government should establish guidance clinics in all ministries and local government area and pension commissions in the states. This will create opportunities for counselors to provide psychological education to all retiree clients with problems of adjustment.

References

- Abubakar, I. Y. (2013). Retirement challenges and management strategies among retired civil servants in kogi state. *International Journal of Social Sciences and Humanities Reviews*, 4 (1), 53 – 66.
- Adekoye, E.O (2013). *Healing for depression*. Lagos: Nile ventures.
- Akinade, E.A. (2007). *Stress: understanding and managing it*. Lagos: Pugmark publishers limited
- American Psychiatric Association, APA (2013) Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text Revision's-IV-TR. Washington DC: America Psychiatric Publishing, Inc.
- America Psychological Association (2017c). Anxiety. Washington DC.
- Baba, M. M., Garba, H. K., & Zakariyah, A. A. (2015). Pre-Retirement Anxiety among Nigerian Public Servants: Counseling Intervention Strategies for Mitigating Effects for Self-Reliance and National Development. *Journal of Sociology, Psychology and Anthropology in Practice*, 7(2).
- Bahar, G (2017). *Depression: Causes, symptoms and treatments*. Live science, Paris.
- Bashiru, L (2017). Anxiety and depression as a correlates of retirement phobia among secondary school teachers in Sokoto state, Nigeria.1-12. Retrieved 20 September, 2017 from

www.academia.edu/-/anxiety-depression-as-a-correlation-retirement-phobia-among-secondary-school-teacher-in-sokoto-state-nigeria

- Blazer, D. G., & Hybels, C. F. (2005). The association of depression and mortality in elderly persons: a case for multiple, independent pathways. *Journals of Gerontology Series A, Biological Sciences and Medical Sciences*, 56 (8). M505-9.
- Bryant, C., Jackson, H., & Ames, D. (2009). Depression and anxiety in medically unwell older adults: prevalence and short-term course. *International Psychogeriatrics*, 21 (4), 754–763.
- Demyttenaere, K., Bruffaerts, R., Posada-villa, J., Gasquet, I., Kovess, V., Lepine, J., Chatterji, S. et al (2004). Prevalence, severity and unmet need for treatment of mental disorders in the world health organization world mental health surveys: the WHO mental health survey consortium.
- Mohammed, A.L (2007). Causes and implications of depression in adults: A challenge to psychologist in Nigeria, A paper presented at 7th national conference of Nigerian society for educational psychologists (NISEP), Jos, 2007.
- National Academy of Science (2009). *Preventive of specific disorders and promotion of mental health-preventing mental, Emotional and Behaviour disorder among people*. Washington (DC). National Academies Press (US).
- National Research Council (2008). *The Aging Population in the Twenty-First Century: Statistics for Health Policy*. Washington (DC): National Academies Press (US).
- National Research Council and Institute of Medicine (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington DC: The National Academies Press.
- Ogunbameru, O & Bamiwuye, T (2004). Attitudes towards retirement and pre-retirement education among Nigerian Bank Workers. *Educational Gerontology*, 30 (5): 391-401.
- Onyemelukwe, C. (2016). Stigma and mental health in Nigeria: Some suggestions for law reform. *Journal of Law, Policy and Globalization*, 55, 63-68.
- Rotimi, O (2005). Cross ethnic study of the adjustment needs of retired Nigerian Federal Civil Servants. *The Counselors*, 21:172-183.
- Smeltzer, S. C., Bare, B. G., Hinkle, J. L., & Cheever, K. H. (2010). *Brunner & Suddharth's Textbook of Medical-Surgical Nursing*. (12th Ed). Lippincott-Raven Publishers.
- Steel, Z., Marnane, C., Chey, T., Jackson, J. W., Patel, V., & Silone, D. (2014). The global prevalence of common mental disorders: A systematic review and meta-analysis 1980-2013. *International Journal of Epidemiology*, 43 (2), 476-493.
- Suleiman, D. E. (2016). Mental health disorders in Nigeria. A highly neglected disease. *Annals of Nigerian Medicine*, 2 (10), 47-48. Available from: <http://www.anmjournals.com/text.asp?2016/10/2/47/206214>
- Wood, S. E., Wood, E. G., & Boyd, D. (2008). *The world of psychology*. Boston: Pearson Education, Inc
- World Health Organization (2001). *Strengthening mental health promotion*. Geneva, Switzerland.
- World Health Organization (2016). Mental health of older adults. Facts sheet on mental health and older adults. Retrieved from www.who.int/mediacentre/factsheets/.../e...
<http://www.who.int/mediacentre/factsheet>.
- World Health Organization (2017). *The determinants of health. Health Impact Assessment*. Retrieved from www.who.int/hia/evidence/doh/en.

Yusuf, A. F., & Adeoye, E. A. (2011). Prevalence and causes of depression among civil servants in Osun state: implications for counselling. *Edo Journal of Counselling*, 4 (1), 11-22.