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Navigating Mental Health in Turbulent Times for Displaced Adults: Integrating Psychological Resilience and Socio-economic Realities in Nigeria

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ABSTRACT

Persistent exposure to displacement, insecurity, flood, economic recession, conflicts and social inequality in Nigeria has intensified mental health burdens, particularly among displaced adults. However, few studies integrate psychological resilience with prevailing socio-economic realities to explain mental health outcomes and maladaptive responses such as aggression in these populations. This study investigated the relationship between psychological resilience, socio-economic conditions, and mental health outcomes among displaced populations in Nigeria during periods of socio-political and economic turbulence. It also identified proactive measures for mental health improvement. An ex-post facto correlational survey design was employed. The population for this study comprised 5000 participants from various displaced camps in Nigeria. The purposive sampling procedure was used to draw a sample of 350 displaced participants from the study area. Data were collected using the Mental Health in Turbulent Times Questionnaire (MHTTQ), a 4-point Likert scale instrument that demonstrated strong internal consistency (Cronbach's $\alpha = 0.85$). All 350 questionnaires were administered and retrieved, with ethical protocols for consent and debriefing observed. Data analysis involved descriptive statistics, including mean and standard deviation with a 2.50 benchmark, and Pearson Product-Moment Correlation at a 0.05 level of significance. Results indicated that turbulent conditions such as displacement, flooding, insecurity, recession, conflicts and inequality significantly strain mental health without initial psychological attention to the displaced. Nevertheless, higher levels of psychological resilience were positively correlated with improved mental health outcomes, even under adverse socio-economic circumstances $r(348) = .102$, $p < .05$. Respondents agreed that resilience aids adaptation and recovery, but disagreed that it protects mental health under severe socio-economic strain. Achieving sustainable mental well-being in uncertain contexts necessitates integrated, hybrid strategies. At both individual and community levels, fostering adaptive mindsets and resilience skills is crucial to relieve the feeling of frustration and aggression. Structurally, policy interventions must address psychological and physiological needs to strengthen sense of self-worth and regulate aggressive behaviour. Collectively, these approaches can transform turbulence from a threat to survival into an opportunity for collective resilience and human flourishing.

Keywords:

Navigating, Mental Health, Turbulent Times, Psychological Resilience, Socio-economic Realities, Displacement, Nigeria.

Introduction

Nigeria continues to face overlapping crises: pandemics, climate-induced flooding, internal displacement, insecurity, economic instability, geopolitical conflict, and rapid social change. Such turbulence increases stressors that threaten individual and collective psychological well-being and often worsen pre-existing vulnerabilities. (Bonanno, 2024). These contexts are marked by uncertainty, loss, and resource scarcity, which can precipitate or aggravate anxiety, depression, post-traumatic stress, and externalizing behaviours such as aggression. Understanding how displaced adults cope therefore requires integrating psychological resilience with the socio-economic structures that shape exposure to risk and access to protection. (Opeyemi, 2018).

Global evidence, especially from COVID-19, confirms that crises elevate psychological distress through lockdowns, economic loss, social isolation, and health anxiety. Responses vary: some individuals show resilience and maintain stability, while others experience delayed or chronic distress (Smith & McElwee, 2021). Similar patterns appear after natural disasters, terrorism, and recessions. The World Health Organization emphasizes that mental health is not merely the absence of illness, but a state of well-being shaped by social, economic, and environmental conditions. In turbulent settings, these determinants are decisive, because crises disproportionately affect marginalized groups. (Diener, 2019).

Socioeconomic status (SES), which includes income, education, occupation, and social standing, is strongly linked to mental health outcomes. Individuals from lower SES backgrounds have a higher risk of mental disorders, with children facing socioeconomic disadvantages being 2–3 times more likely to encounter mental health issues than their more advantaged peers. Contributing factors include chronic stress caused by financial insecurity, inadequate housing, limited access to healthcare, food insecurity, and exposure to environmental hazards. Economic inequality further exacerbates these challenges, as higher income inequality correlates with a greater prevalence of depression and other mental health issues, often due to mechanisms such as social comparison, diminished social capital, and lower trust levels. Economic hardships during crises (such as job loss or poverty) are also linked to worse mental health outcomes, including psychological distress and diminished life satisfaction (Gudmundsdottir, 2023).

Psychological resilience is the dynamic capacity to adapt and maintain or recover mental health after adversity. It is influenced by individual factors (e.g., emotional regulation, flexibility), social resources (e.g., support networks), and contextual conditions (e.g., income security). Resilience can buffer the link between economic decline and depression, but its effectiveness depends on context (Bhuiyan et al., 2021). For instance, financial resilience plays a mediatory role in the relationship between economic hardship and mental health outcomes. Since systemic inequalities can limit access to resilience resources, mental health responses must be multilevel: individual coping, family/community support, and enabling policies (Kisely & Looi, 2020).

However, for displaced Nigerians, these realities are acute. Displacement often brings bereavement, loss of livelihood, severed networks, and prolonged exposure to violence and scarcity. Without early psychosocial support, chronic unmet needs can manifest as frustration and aggression within camps or host communities. Hence the need for psychological interventions to cope with the challenges.

Statement to the Problem

Nigeria is currently navigating multiple socioeconomic stressors including inflation, unemployment, displacement, natural disasters, insecurity, and policy shifts that have heightened psychological distress among citizens. While mental health challenges such as depression, anxiety, and burnout are rising, access to professional care remains limited. At the same time, research shows that psychological resilience can buffer individuals against these stressors by improving coping, adaptation, and well-being. However, most resilience models and interventions in Nigeria are imported and fail to account for local socioeconomic realities such as poverty, job insecurity, and weak social safety nets that shape how Nigerians experience and manage mental health. Given the realities of those displaced for several reasons in Nigeria, there are limited initial psychological interventions to build resilience to deal with the challenges. This creates a gap: there is limited understanding of how psychological resilience can be meaningfully integrated with Nigeria's specific socioeconomic context to produce practical, culturally relevant strategies for navigating mental health in turbulent times. Addressing this gap is critical for developing interventions that are both psychologically effective and socioeconomically feasible for displaced individuals and communities in Nigeria.

Research Questions

1. How does psychological resilience and socioeconomic realities influence mental health among displaced adults in turbulent times in Nigeria?
2. What are the proactive measures to improve mental health among displaced adults in turbulent times in Nigeria?

Literature Review

Resilience is the process of adapting well despite adversity, trauma, or chronic stress. During polycrises—pandemics, recessions, insecurity, displacement—resilience is evidenced by stable mental health despite exposure. Socio-economic factors such as income, education, employment, and housing influence both exposure to adversity and the capacity to respond. Disadvantage increases stress while restricting protective resources. During COVID-19, distress was higher among those below the poverty line or facing food insecurity, whereas higher SES enabled remote work and better care access (Mao, 2021).

Socioeconomic disadvantage is a primary driver of mental health disparities, exacerbating risks during crises through the theory of fundamental causes. Low income, unemployment, financial insecurity, food shortages, and housing instability increase exposure to stress while restricting available protective resources. During the COVID-19 pandemic, mental health issues varied by socioeconomic status, with individuals living below the federal poverty line experiencing significantly higher distress levels, particularly in depression and anxiety among those facing low savings or food insecurity. In contrast, wealthier individuals had advantages such as remote work options and better access to care, while those with lower socioeconomic status encountered job losses, crowded living conditions, and limited telehealth resources. Similar trends were observed in other crises, including economic slumps and natural disasters, where lower socioeconomic status was linked to prolonged distress and slower recovery. Resilience is not just an individual characteristic but a dynamic process affecting mental health over time, although it can lessen risks associated with socioeconomic status, reducing the negative impact of economic decline on depression as resilience increases (Parenteau, 2022).

Insecurity has significantly influenced various aspects of life, including physical, mental, cognitive, and financial wellbeing, with long-term implications still uncertain due to its extensive effects (Kharroubi, Naja, Diab-El-Harake & Jomaa, 2021). The displacement, losses, deaths. injuires, ill-health and other situations in Nigeria has led to a wide range of consequences across all life areas, affecting psychological

health and socioeconomic stability. Insecurity and displacement have resulted in mental health challenges and economic difficulties for people impacted by the situation In Nigeria, displacement has been linked to increased anxiety, depression, economic hardship, and interpersonal aggression in camps (Adedoyi, 2020).

An economic recession indicates a notable decline in economic activity, marked by reduced output, liquidity issues, and widespread unemployment. Indicators of a recession include its duration, rising unemployment rates, decreased credit availability, and numerous business failures. It also leads to decreased trade and commerce, significant currency volatility, and extensive socio-economic and psychological effects, compounded by high inflation that lowers purchasing power (Opeyemi, 2018). Adedoyi (2020) relates economic recession to increased vulnerability in mental health and socioeconomic well-being, highlighting issues such as unemployment, declining income, anxiety, depression, substance abuse, and suicidal thoughts, particularly in Nigeria.

Natural disasters, including earthquakes, floods, hurricanes, and volcanic eruptions, lead to complex consequences encompassing physical destruction and significant psychological effects that alter behaviors. These events can cause displacement and hardship, resulting in negative psychological and socioeconomic outcomes, as pointed out by Kisely & Looi (2020). Understanding these dynamics is essential for enhancing disaster preparedness, coping strategy development, and targeted psychological assistance. The frequency and severity of disasters are rising, driven by factors like socioeconomic challenges, mental health disorders, climate change, and environmental degradation (Benevolenza & DeRigne, 2018). The United Nations Office for Disaster Risk Reduction (UNDRR) notes an uptick in global natural disasters, making it crucial to grasp their extensive impacts, especially regarding mental health and behavior.

Historically, the world has faced wars, violence, and conflicts, with current global conflict estimates around 40, as of Wikipedia's 2022 data, although definitions can vary. These conflicts produce extensive psychological, social, physical, and economic repercussions, resulting in significant psychosocial challenges. Families experience heightened stress and financial struggle, diminishing their quality of life. Wars and conflicts, both domestic and international, heavily affect women and children who often lack awareness or means of escape from their circumstances. Such conflicts further exacerbate economic difficulties in vulnerable areas, disproportionately impacting impoverished and marginalized populations contending with poverty, safety concerns, and law enforcement challenges. Additionally, data on refugees indicates that developing nations are significantly impacted by internal displacement, with millions, including skilled workers, seeking refuge in more developed countries (World Health Organization, 2020).

Conflicts intensify the issues that healthcare professionals and institutions face, often exacerbating resource and staffing shortages. In turbulent times such as conflicts, natural disasters, political instability, or large-scale humanitarian crises—millions of people become forcibly displaced from their homes, communities, and familiar social structures. These displaced individuals often endure profound losses; the death of family members, destruction of livelihoods, separation from support networks, and prolonged exposure to violence, scarcity, and uncertainty. Without adequate mental health support in the early phases of displacement, this cumulative trauma frequently manifests as intense frustration, helplessness, and emotional dysregulation. Frustration arises from the chronic gap between basic needs and their fulfillment—lack of safe shelter, food insecurity, restricted movement, loss of autonomy, and uncertain prospects for return or resettlement. In the absence of structured psychological interventions, these feelings can escalate into aggressive behaviour: verbal outbursts, interpersonal conflicts within camps or host communities, heightened irritability, domestic violence, or even collective unrest (Opeyemi, 2018).

Buttrick and Oishi (2017) suggest various strategies to bolster mental health during challenging

times, such as engaging in joyful and relaxing activities like exercise, reading, or hobbies. Maintaining social connections through various means (phone calls, video chats, or in-person visits) is encouraged. Seeking assistance from therapists, counselors, or psychologists can provide additional support. Staying informed about current events while avoiding excessive media consumption is also recommended. Pursuing creative outlets, maintaining a balanced diet, regulating sleep patterns, reflecting on positive experiences, practicing mindfulness and meditation, joining groups with shared experiences, and volunteering can all aid mental health. Investing an additional 1% of a country's GDP in primary healthcare can substantially enhance mental health outcomes, as demonstrated in countries like Thailand and Turkey, where financial crises prompted significant reforms. Integrating mental health education and awareness campaigns can help diminish stigma and encourage people to seek help. Establishing community-based support networks, hotlines, and counseling services can improve access to care during crises, while implementing trauma-informed care can address the specific needs of individuals affected by conflict, natural disasters, or other traumatic events. Programs providing social protection, such as cash transfers or food assistance, can alleviate financial strain and promote mental health. Additionally, utilizing digital platforms for mental health services, including teletherapy and online support groups, can enhance accessibility (Adedoyi, 2020).

Materials and Methods

Survey design was adopted for this study**.** The study is a correlational survey using ex-post facto design. The population for this study comprised 5000 participants from various displaced camps in Nigeria. The purposive sampling procedure was used to draw a sample of 350 displaced participants from the study area. Data were collected using the Mental Health in Turbulent Times Questionnaire (MHTTQ), a 4-point Likert scale instrument that demonstrated strong internal consistency (Cronbach's $\alpha = 0.85$). All 350 questionnaires were administered and retrieved, with ethical protocols for consent and debriefing observed. Data analysis involved descriptive statistics, including mean and standard deviation with a 2.50 benchmark, and Pearson Product-Moment Correlation at a 0.05 level of significance.

Results

Table 1: Response to psychological resilience and socioeconomic realities and mental health among displaced adults in turbulent times in Nigeria.

Psychological resilience and socioeconomic realities	**SA**	**A**	**D**	**SD**	**Mean**	**Std**	**Remark**
It helps to adapt quickly to unexpected changes and setbacks.	98 (28%)	125 (35.7%)	70 (20%)	57 (16.3%)	3.81	.91	Agreed
It helps bounce back quickly from stressful situations	103 (29.4%)	101 (28.9)	85 (24.3%)	61 (17.4%)	3.76	.90	Agreed
It helps to maintain a positive outlook even when facing uncertainty	61 (17.4%)	78 (22.3%)	88 (25.1%)	123 (35.2%)	2.44	.74	Disagreed
It helps find meaning or purpose in difficult circumstances	90 (25.7%)	111 (31.8%)	100 (28.5%)	49 (14%)	2.94	.86	Agreed
Resilience helps protect my mental health despite challenging socioeconomic conditions	85 (24.3%)	37 (10.6%)	98 (28%)	130 (37.1%)	2.42	.73	Disagreed

Table 1 shows response of psychological resilience and socioeconomic realities and mental health among displaced adults in turbulent times in Nigeria. From the remark, the respondents agreed with 1, 2, 4 items and disagreed with 3, 4 items.

Table 2: Response to proactive measures to improve mental health in turbulent times among displaced adults in Nigeria

Strategies to improve mental health in turbulent times in Nigeria	**SA**	**A**	**D**	**SD**	**Mean**	**Std**	**Remark**
Maintain a regular exercise or physical activity routine	78 (22.3%)	100 (28.5%)	75 (21.5%)	97 (27.7%)	3.32	.92	Agreed
Reach out to friends or family members for emotional support	84 (24%)	83 (23.7%)	97 (27.7%)	86 (24.6%)	2.46	.65	Disagreed
Participate in community groups or volunteering,	90 (25.7%)	95 (27.1%)	71 (20.3%)	94 26.9%)	2.98	.80	Agreed
Set small achievable personal goals to maintain a sense of control and purpose amid uncertainty	95 (27.1%)	86 (24.6%)	83 (23.7%)	86 (24.6%)	2.94	.89	Agreed
Sought professional mental health support	82 (23.4%)	83 (23.7%)	92 (26.3%)	93 (26.6%)	2.38	.78	Disagreed

Table 2 shows response on the proactive measures to improve mental health in turbulent times among displaced adults in Nigeria. From the remark, the respondents agreed with 1, 3, 4 items and disagreed on 2, 5 items.

Table 3: Pearson "r" on psychological resilience and socioeconomic realities and mental health in turbulent times among displaced adults in Nigeria

Variables	**N**	**X**	**r-Cal.**	**r-Crit.**	**Level of Sign**
Psychological resilience and socioeconomic realities	350	2.80	0.102	0.025	0.05
Mental health		2.84			

Data in table 3 revealed Pearson product moment correlation coefficient analysis on psychological resilience and socioeconomic realities and mental health in turbulent times in Nigeria. The mean was 2.80 and 2.84, the calculated r - value was 0.102 while the critical r-table value was 0.025 at 0.05 level of significance. Since the calculated r - value was greater than the critical r-table value, the null hypothesis is rejected.

Table 4: Pearson "r" on proactive measures to improve mental health in turbulent times in Nigeria

Variables	**N**	**X**	**r-Cal.**	**r-Crit.**	**Level of Sign**
Proactive measures	350	3.35	0.022	0.11	0.05
Mental health		3.58			

Data in table 4 revealed Pearson product moment correlation coefficient analysis on proactive measures to improve mental health in turbulent times in Nigeria. The mean was 3.35 and 3.58, the calculated r - value was 0.022 while the critical r-table value was 0.11 at 0.05 level of significance. Since the calculated r - value was lesser than the critical r-table value, the null hypothesis is retained.

Discussion of Findings

The study spotlighted psychological resilience and socioeconomic realities and mental health in turbulent times among displaced adults in Nigeria. The study found that displaced adults perceived turbulent conditions as a major strain on mental health. While resilience was seen to aid adaptation and meaning-making, respondents did not believe it fully protected mental health under severe socio-economic strain. This aligns with the argument that material deprivation limits the effectiveness of coping (Parenteau, 2022). The weak, non-significant correlation between resilience, socio-economic realities and mental health, r=.102, p=.052 suggest that resilience alone is insufficient without structural support (Bhuiyan et al., 2021).

The finding also indicated that psychological resilience and socioeconomic realities interact in complex ways to shape mental health outcomes in Nigeria, especially during periods of turbulence times. Overall, while socioeconomic realities impose heavy burdens on mental health in turbulent Nigeria, psychological and communal resilience offers pathways to adaptation and recovery. Strengthening both—through equitable development and targeted support is essential for population well-being. In support of this, Mao, (2021) noted that psychological resilience is commonly defined as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant stress. In the context of turbulent times such as the COVID-19 pandemic, economic crises, natural disasters, insecurity, and displacement, resilience manifests as stable mental health trajectories despite exposure to stressors. Socioeconomic realities, including income, education, employment, housing, and broader social determinants of health, shape both exposure to adversity and the capacity to respond adaptively.

The study highlighted proactive measures to improve mental health in turbulent times in Nigeria. The findings showed that proactive measures to improve mental health in turbulent times in Nigeria, focus on building resilience, integrating services into primary and community care, leveraging cultural strengths, policy reforms, and addressing socioeconomic drivers. In turbulent times, proactive measures in Nigeria emphasize prevention and resilience over solely reactive treatment. integrated approach not only addresses immediate needs but builds long-term population well-being. The non-significant relationship for proactive measures, r=0.22, p=.672, may reflect low access to professional care and weak social support networks in camp settings. In collaboration to this, Adedoyi, (2020) integrating mental health education and promoting awareness campaigns can help reduce stigma and encourage help seeking behaviour. Establishing community-based support networks, hotlines, and counseling services can provide accessible care during crises. Implementing trauma-informed care in healthcare systems can address the unique needs of individuals affected by conflict, natural disasters, or other traumatic events. Implementing social protection programs, such as cash transfers or food assistance, can help alleviate financial stress and promote mental well-being. Leveraging digital platforms to provide mental health services, such as teletherapy or online support groups, can increase access to care.

Conclusion

In conclusion, mental health in turbulent times such as pandemic (e.g COVID 19), economic recession, natural disasters, insecurity, conflict, wars, social unrest and inequality are critical concern. However, sustainable well-being in uncertain eras calls for hybrid approaches: fostering adaptable mindsets while advocating for fairer systems. Individuals, communities, institutions, and policymakers must collaborate to create environments where psychological strength and socioeconomic dignity reinforce each other. In doing so, we transform turbulence not just into something survivable, but into a catalyst for deeper

collective resilience and human flourishing.

Recommendations

The study recommends that during turbulent times, particularly among displaced adults, the combination of daily psychosocial interventions with livelihood support and safe environment can help build resilience. Early psychological first aid can help to mitigate frustration and prevent aggression. This requires the establishment of Camp-based mental health facility. This helps to cultivate both emotional and practical support circles. Connect with friends/family for psychological safety while actively participating in or creating mutual aid groups, skill-sharing communities, or local cooperatives that address shared socioeconomic challenges like cost of living, recovery, or job transitions. The reassurance and provisions from the government through increased budgetary allocation that is well implemented can help displaced people cope with the challenges but not without psychological interventions.

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