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INFLUENCE OF POSTTRAUMATIC STRESS DISORDER AND DEATH ANXIETY ON MENTAL WELLBEING AMONG INTERNALLY DISPLACED PERSONS IN YELEWATA, GUMA LOCAL GOVERNMENT AREA, BENUE STATE-NIGERIA

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ABSTRACT

This study examined the psychosocial factors influencing postpartum depression among pregnant women in Makurdi Local Government Area (LGA), Benue State. A cross-sectional survey design was adopted for the study. The participants consisted of 282 internally displaced persons (IDPs) from Yelewata community in Guma LGA, aged between 18 and 41 years. Participants responded to the Mental Wellbeing Scale (MWS), Posttraumatic Stress Disorder Scale (PTSD), and Death Anxiety Scale (DAS). Three hypotheses were tested using simple linear regression and standard multiple regression. The first hypothesis indicated that posttraumatic stress disorder negatively and significantly influenced mental wellbeing among IDPs in Yelewata community [F (1, 281) = 294.760; P < .01]. The second hypothesis showed that death anxiety negatively and significantly influenced mental wellbeing among the participants [F (1, 280) = 105.614; P < .01]. The third hypothesis revealed that posttraumatic stress disorder and death anxiety jointly and significantly influenced mental wellbeing among IDPs [F (2, 279) = 161.424; P < .01]. It was concluded that posttraumatic stress disorder and death anxiety have a significant joint influence on mental wellbeing among IDPs in Yelewata community, Guma LGA. Therefore, it was recommended that the government, in conjunction with NGOs, should increase funding and resources for mental health services targeted specifically at IDPs, and collaborate with local and national authorities to develop policies that prioritize mental health care for displaced populations.

Keywords: Posttraumatic Stress Disorder, Death Anxiety, Mental Wellbeing, Internally Displaced Persons, Guma LGA

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Introduction

Mental well-being continues to be an important topic of research that is significantly stimulating public health concern within Benue state, Nigeria and the world at large. Being in a good mental state can keep you healthy and help prevent serious health conditions. A positive mental well-being can reduce the risks of heart attacks and strokes. On the other hand, poor mental health can lead to poor physical health or harmful behaviors (Fusar-Poli, 2020). Mental wellbeing is a state that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in (Peterson, 2021). Mental wellbeing is a basic human right. And it is crucial to personal, community and socio-economic development. Mental wellbeing is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental wellbeing conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental wellbeing conditions are more likely to experience lower levels of mental health, but this is not always or necessarily the case (de Cates, 2015).Mental wellbeing is an integral part of our overall health. Society often thinks of health as something biological and physical: the condition of our bodies, how healthy we eat, the physical exercise we do. A key component of health is missing from this, though. It’s mental wellbeing, which encompasses our inner workings and the way we describe how we are in our lives (de Cates, 2015).

Displacement often means the loss of familiar social networks, community ties, and support systems. This loss of connection and belonging can lead to feelings of isolation and loneliness, impacting mental well-being (Greene et al., 2016). IDPs may struggle to meet basic needs such as shelter, food, and healthcare. The challenges in securing these necessities can contribute to stress, anxiety, and a sense of hopelessness. Internally displaced persons may face stigmatization and discrimination in their new communities. This can lead to feelings of exclusion and negatively impact their self-esteem and mental health (Plant, 2020). Displacement often occurs in regions with limited resources and infrastructure. As a result, access to mental health services may be restricted, making it difficult for IDPs to receive the support they need (Birkjær et al., 2020).

Many IDPs lose their homes and livelihoods, impacting their economic stability. Economic insecurity and the inability to provide for oneself and one's family can contribute to stress and anxiety. Displacement may lead to family members being separated, which can cause emotional distress. The uncertainty about the well-being of family members and the desire for reunification can be sources of anxiety (Charlson et al., 2019). Children and other vulnerable populations within IDP communities are particularly susceptible to the negative impacts of displacement. Lack of access to education, exposure to violence, and disrupted routines can affect their mental well-being (WHO, 2021). Integration into new communities can be challenging for IDPs. Language barriers, cultural differences, and a sense of being "outsiders" may contribute to feelings of alienation and

impact mental wellbeing. Addressing the mental wellbeing of internally displaced persons requires a comprehensive approach that includes providing access to mental health services, addressing basic needs, promoting social integration, and reducing stigma. Humanitarian efforts, community support, and policies that prioritize the mental well-being of displaced populations are essential components of such an approach (Harte et al., 2015).

Studies have indicated that posttraumatic stress disorder is related to mental wellbeing among internally displaced persons. Trauma is common globally. In a comprehensive report based on the World Mental Health (WMH) Surveys, Benjet (2016) found that 70% of the populations in the countries studied reported exposure to a traumatic event, with exposure ranging from 29% in Romania to 83% in Peru. Although the majority of trauma-exposed individuals respond with resilience, a substantial minority go on to develop posttraumatic stress disorder (PTSD), the cardinal trauma-related mental disorder. PTSD often leads to very serious interpersonal and occupational challenges, and has been estimated to result in 3.6 days of lost productivity per month (Sharma et al., 2019).

Posttraumatic stress disorder (PTSD) is an anxiety disorder that may arise when an individual witnesses a threatening event and traumatic events which make the individual to experience fear, terror or helplessness (Gary, 2015). Anyone can develop PTSD at any age. This includes combat veterans as well as people who have experienced or witnessed a physical or sexual assault, abuse, an accident, a disaster, a terror attack, or other serious events. People who have PTSD may feel stressed or frightened, even when they are no longer in danger (Biddle & Gray 2022). Posttraumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being. Examples include natural disasters, serious accidents, terrorist attacks, war/combat, rape/sexual assault, historical trauma, intimate partner violence and bullying (Larsen, 2019). People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch (Bohlmeijer & Westerhof, 2020).

Posttraumatic stress disorder is documented as a key public health issue of a conflict-affected population; war and armed conflicts contribute to poverty, lack of employment, community violence, insecure living circumstances, and changes in the social dynamic. This makes PTSD highly associated with a lower quality of life, even after the end of the actual hostilities in a post-disaster setting (Golińska, 2021). Experience of trauma can contribute to development of many different forms of mental illness such as psychosis, schizophrenia, eating disorders, personality disorders, depressive and anxiety disorders, alcohol and substance use disorders, and self-harm and suicide-related behaviours (Phoenix, 2019). Childhood trauma experiences not only increase the risk of onset of mental illness but also affect

clinical course and responses to treatment (Franken, 2018).

Statement of the Problem

The herders' crisis in Benue State, particularly in Yelwata, Guma Local Government, has subjected residents to persistent threats, violence, and displacement, leading to a profound impact on their mental well-being. Internally Displaced Persons (IDPs) from Yelwata, Guma have endured recurrent traumatic experiences, including witnessing mass killings, forced migration, and the loss of homes and loved ones. This prolonged exposure to adversity has raised concerns about the mental health of the affected population. Amidst the ongoing crisis, discernible changes in the behaviors of the community members have been noted, signaling potential mental health challenges. Observable alterations in mood, social interactions, and coping mechanisms suggest that the residents of Yelwata in Guma may be grappling with significant psychological distress. However, a systematic examination of their mental well-being is lacking, creating a gap in our understanding of the specific psychological consequences of the crisis on this population. This study seeks to address this critical gap by conducting a comprehensive assessment of the mental well-being of residents in Yelewata, Guma Local Government who have been directly impacted by the herders' crisis. By exploring the psychological effects of prolonged exposure to violence, displacement, and loss, the research aims to provide insights into the specific mental health challenges faced by the community. Understanding the nuances of these challenges is essential for designing targeted interventions that can contribute to the overall well-being and resilience of the affected population.

Aim and Objectives of the Study

The aim of this study is to examine the influence of posttraumatic stress disorder and death anxiety on mental wellbeing among internally displaced persons in Yelewata, Guma Local Government Area. The specific objectives are to:

i. examine the influence of posttraumatic stress disorder on mental wellbeing among internally displaced persons in Yelewata, Guma Local Government Area.
ii. investigate the influence of death anxiety on mental wellbeing among internally displaced persons in Yelewata, Guma Local Government Area.
iii. ascertain the joint influence of posttraumatic stress disorder and death anxiety on mental wellbeing among internally displaced persons in Yelewata, Guma Local Government Area.

LITERATURE REVIEW

Mental Wellbeing

Mental well-being refers to a state of emotional, psychological, and social wellness in which an individual can effectively manage the normal stresses of life, work productively, and contribute to their community. It encompasses various aspects of mental health, including emotional resilience, the ability to cope with challenges, positive relationships, and a sense of purpose and fulfillment in life (Seligman & Csikszentmihalyi, 2020). Mental well-being, also commonly referred to as mental health or psychological well-being, encompasses a person's emotional, cognitive, and social state, reflecting their overall mental state and functioning. It involves the presence of positive qualities

and attributes in an individual's mental life, contributing to their ability to cope with stress, work effectively, maintain fulfilling relationships, make sound decisions, and realize their potential. Mental well-being is not merely the absence of mental illness but rather a state of positive mental health (Arulrajah, 2022).

Death Anxiety

Death anxiety, also known as thanatophobia or mortality salience, refers to the fear or apprehension individuals experience when confronted with the concept of their own mortality or the inevitability of death. It is a complex psychological phenomenon that can manifest in various ways, such as fear of dying, fear of the unknown after death, or existential concerns about the meaning and purpose of life (Meyers, Golden & Peterson, 2019). This anxiety often arises from a combination of factors, including cultural, religious, and personal beliefs, as well as existential questions about the nature of existence. The awareness of one's finite existence and the uncertainty surrounding what happens after death can trigger intense emotional responses and psychological distress (Niemiec & Schulenberg, 2021). Death anxiety is a natural aspect of the human experience, and individuals may cope with it in different ways. Some people may find comfort in religious or spiritual beliefs, while others may seek meaning and purpose in their lives to mitigate the fear of death. Additionally, psychological therapies and counseling can help individuals explore and address their fears related to mortality (Suhail & Akram, 2022).

Posttraumatic Stress Disorder

The American Psychiatric Association (APA) in 1980 officially recognized the PTSD and then added it to third edition of Diagnostic and Statistical Manual of Mental Disorder (Botello, 2015). In the Freudian era, it was thought that traumatic experiences created memories in an exchange consciousness, and “because the memories are painful and unmanageable, the conscious personality wishes to banish them from awareness (Baily, 2016). Post-Traumatic Stress Disorder refers to symptoms that develop following exposure to a traumatic experience. Initially called “shell shock,” it became more widely studied following the first two World Wars (Thompson, 2018). Though this diagnosis was also common throughout World War II, it became evident to psychiatrists that shell shock was not a scientifically appropriate psychological definition because it was missing a standardized psychiatric nosology, or “a system of classification based on lists of criteria features and Aristotelian principles of inclusion and exclusion” (Young, 2015). The traumatic event may consist of direct injury, witnessing events or that experienced by others for example automobile accidents, disasters, violent personal assault diagnosed with a life threatening illness or torture, being kidnapped and threat by another to one's physical integrity. Events that are witnessed can encompass seeing the serious injury or abnormal death of another person because of accident, violent assault, or serious injury and war or disasters (EMEA, 2018).

EMPIRICAL REVIEW

Death anxiety and Mental Wellbeing

Rachel and lan (2023) examined the relationship between death anxiety and psychopathology using heterogeneous treatment seeking clinical samples. In the study, the relationships between death anxiety and broad markers of psychopathology were explored in 200 treatment-seeking participants with various diagnosed mental disorders. Across the

sample, death anxiety was a strong predictor of psychopathology, including the number of lifetime diagnoses, medications, hospitalisations, distress/impairment, depression, anxiety, and stress. This relationship was not accounted for by neuroticism. Large to very large correlations were also consistently found between a measure of death anxiety and the symptom severity of 12 disorders. Neither meaning in life nor attachment style moderated the associations between death fears and psychopathology. The findings reveal a strong relationship between death anxiety and psychopathology across numerous disorders, further supporting the transdiagnostic role of fears of death. As such, clinical implications revolve around the potential need for innovative treatments which address death fears directly, in order to produce long-term improvements in mental health. However, experimental research is needed to ascertain causal relationships. Mahta et al. (2016) investigate the relationship between death anxiety and mental wellbeing of students of Payam-e-Nour University in Rezvanshahr, Iran. This research was a cross-sectional study and it was conducted in the frame of a correlational design on a sample of 100 students (N = 100) at Payam-e-Nour Universityin Rezvanshahr in 2015. In order to select subjects in the present study the random sampling method was used, given the nature of this study the method of data collection was a survey approach, and in order to collect data Templers' Death Anxiety Scale (DAS), Mental Wellbeing Scale (MWBS), and checklist of demographic index were used. Also, in order to analyze the data, the independent t-test was used for the difference in the rate of attitude towards life and the Pearson correlation test was used for correlation between the variables. The data analysis showed that there was a significant correlation between the rate of death anxiety and mental wellbeing. In addition, there was a significant correlation between students' death anxiety with their low mental wellbeing ($p < 0.05$). The findings of this study are in line with the literature review and indicate the effectiveness of death anxiety indicator and low mental wellbeing among the students.Komal et al. (2022) assessed the direct and mediated associations between death anxiety, sleep quality, and subjective wellbeing in doctors working during the pandemic. A secondary aim was tested to analyze the interactive role of workplace locality in these associations. An indirect-effect model was tested on a sample of 244 doctors working during the pandemic. Findings revealed that the association between death anxiety and subjective wellbeing was mediated through sleep quality. Furthermore, death anxiety significantly and negatively predicted subjective wellbeing in doctors working in rural setups compared to those working in urban setups. The theoretical and practical implications of the findings are discussed. Dina and Demonstrator (2022) conducted a study at two of the post offices affiliated to the Ministry of communications and information technology in Alexandria, namely Moharram Bek and Sidi Bishr post offices. 130 male and female older adults aged 60 years and more, living in the community, identified with death anxiety, able to communicate and willing to participate in the study. Five tools were used namely, The Arabic Scale of Death Anxiety (ASDA), Older Adults' Socio-Demographic and health well-being Structured Interview Schedule, Multidimensional Scale of Perceived Social Support (MSPSS), Religious Commitment Inventory-10 (RCI-10), and the Satisfaction with Life scale. The main findings of the study revealed that death anxiety is prevalent among older adults with different levels either low,

moderate, or high level. A strong negative relation exists between death anxiety and perceived physical and psychological wellbeing, Religious commitment, Perceived Social Support, and Satisfaction with life. It was concluded that; age, education, presence of chronic diseases, perceived physical and psychological wellbeing, religious commitment, satisfaction with life and social support affected the occurrence of death anxiety among older adults. The study recommended that there should be counseling among older adults about their anxiety related to death in order to help them cope with the situation. The study also emphasized on the importance of social support to decrease death anxiety.

Posttraumatic Stress Disorder and Mental Wellbeing

Mirjam et al. (2022) aimed to investigate well-being in the context of care-as-usual treatment for PTSD. Patients with PTSD attending a community mental health center (N = 318) completed measures of well-being and PTSD symptoms before and after symptom-focused treatment. Following treatment, well-being increased among patients with PTSD, with emotional, d = −0.25, and psychological well-being, d = -0.24, showing the largest improvements relative to social well-being, d = −0.15. Although levels of well-being improved overall within the sample, participant scores on measures of well-being remained low compared with the general population. Well-being predicted treatment efficiency such that participants with more severe PTSD symptoms benefitted more from care-as-usual treatment when they reported relatively high levels of well-being at the start of treatment. The findings suggest a benefit to including well-being as a pretreatment and outcome variable when evaluating PTSD treatments. Taiye (2019) examined the influence of posttraumatic stress disorder, psychological distress and posttraumatic growth on psychological wellbeing among internally displaced persons in Makurdi, Benue state. A cross-sectional research design was adopted and battery of psychological tests consisting of PTSD Diagnostic Scale for DSM-5, Kessler Psychological Distress Scale, Post-Traumatic Growth Inventory and Ryff's Psychological-Well-Being-Scales-(PWB) was administered individually to the purposefully selected one hundred and twenty-six (126) Internally Displaced Persons in Agan IDPs camp Makurdi Local Government, Area in Benue state. Five hypotheses were formulated Multiple Regression analyses; path model and factorial analysis of variance were used to test the hypotheses. The results showed that that there was significant independent influence of PTSD, psychological distress and PTG on psychological wellbeing of IDPs in Makurdi, Benue State [F=4.814, R^2 = 0.106, P<.01]. The predictor variables accounted for 10.0% of the total variation on psychological wellbeing, no significant influence was established between posttraumatic stress disorders and psychological wellbeing (β= 0.070 t=.749; P>.05) but there was significant influence of psychological distress (β= .297 t=3.239; P<.01) and posttraumatic growth (β=-.200 t=-2.164; P<.05) on psychological wellbeing among the IDPs. Also using psychological distress as a mediator shows that posttraumatic stress disorder directly influence psychological distress and indirect through psychological distress as the mediator influence psychological wellbeing among IDPs in Makurdi. Likewise there was no significant main and interaction influence of sex and marital satisfaction on psychological wellbeing among the IDPs. Thus, the study concluded that posttraumatic

stress disorder, psychological distress and posttraumatic growth predict wellbeing among internally displaced person in Makurdi, Benue State, Nigeria. Therefore, psychosocial intervention should be provided by mental health professional and sufficient support should be provided by the government, agencies, Non-Governmental Organizations and other private organization so as to diminish the negative effect of psychological distress faced by the IDPs and enhance or improve their mental health and psychological wellbeing.

Tura et al. (2023) reviewed the available data about the prevalence and determinants of post-traumatic stress disorders among internally displaced people in sub-Saharan Africa. Methods: Studies published in the English language that have a clear outcome of interest and are available in full text were included. Six electronic databases were searched to identify published studies on the prevalence and determinants of posttraumatic stress disorder among IDPs in sub-Saharan Africa. This includes PubMed/MEDLINE, Scopus, EMBASE, PsychInfo, and the Web of Science. All relevant studies till June, 2023 were assessed. The review was done as per the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA-2009) and registered on PROSPERO (CRD420222997111). Originally, 33,138 articles were found in six databases, and finally, eleven studies were reviewed. The prevalence of post-traumatic stress disorder in sub-Saharan African countries was disproportionately presented in this review, ranging from 12.3% in Central Sudan to 85.5% in Nigeria. From a total of 11 studies, eight of them reported more than 50% of the magnitude of post-traumatic stress disorder, pointing to a higher magnitude of the prevalence of post-traumatic stress disorders in the region. The study identified numerous factors that contributed to post-traumatic stress disorder among the internally displaced population. Female gender, depression, anxiety, stress, being single, low level of educational status, experiencing or witnessing traumatic events, and psychological trauma were evidenced for their association with post-traumatic stress disorder. These results demonstrate a higher prevalence of post-traumatic stress disorder compared to other regions of the world. The participants' socio-demographic characteristics, including age, being single, being female, and a low level of education, were identified as factors contributing to PTSD. Moreover, the review identified that depression, anxiety, and experiencing or witnessing traumatic events were also influencing factors for PTSD among IDPs. The concerned bodies need to reinforce the monitoring and evaluation of the mental health programs of IDPs in the region.

Victor and Basil (2021) investigated posttraumatic stress disorder and mental disorders among Rwandan refugees living in the townships of Lusaka, Zambia. Refugees are often exposed to trauma and violence which leads to a wide range of mental disorders. Two hundred and sixty-seven refugees participated in the study. The sample consisted of older and younger adult refugees, 128 (47.9%) males and 139 (52.1%) females, from Lusaka. The Impact of Event Scale–Revised and the General Health Questionnaire-28 were administered to all participants. The study found that a significant number of participants reported posttraumatic stress disorder and mental disorders. About 76.8% endorsed posttraumatic stress disorder symptoms. In addition, 31.8% reported somatic symptoms, 36.7% anxiety or insomnia, 27.3% social dysfunction, and 22.8% severe depression. Lower education ($p < .01$), larger family size

($p < .001$), lack of financial support ($p < .05$), and being unemployed ($p < .001$) were positively associated with posttraumatic stress disorder and mental disorders. Intervention strategies aimed at improving the lives of refugees should be ongoing and must encompass a well-articulated, structured refugee policy that emphasizes mental wellbeing and psychological needs.

Bayard et al. (2019) measured rates of post-traumatic stress disorder (PTSD) and mental wellbeing amongst these internally displaced persons (IDPs), and investigated associated demographic and trauma exposure risk factors. A cross-sectional multi-staged, random cluster survey with 1210 adult IDPs was conducted in November 2006 in Gulu and Amuru districts of northern Uganda. Levels of exposure to traumatic events and PTSD were measured using the Harvard Trauma Questionnaire (original version), and levels of mental wellbeing were measured using the Hopkins Symptom Checklist-25. Multivariate logistic mental wellbeing was used to analyse the association of demographic and trauma exposure variables on the outcomes of PTSD and mental wellbeing. Over half (54%) of the respondents met symptom wellbeing. Over half (58%) of respondents had experienced 8 or more of the 16 trauma events covered in the questionnaire. Factors strongly linked with PTSD and mental wellbeing included gender, marital status, distance of displacement, experiencing ill health without medical care, experiencing rape or sexual abuse, experiencing lack of food or water, and experiencing higher rates of trauma exposure. This study provides evidence of exposure to traumatic events and deprivation of essential goods and services suffered by IDPs, and the resultant effect this has upon their mental health. Protection and social and psychological assistance are urgently required to help IDPs in northern Uganda re-build their lives.

HYPOTHESES

The following hypotheses were tested in this study:

i. There will be a significant influence of posttraumatic stress disorder on mental wellbeing among internally displaced persons in Yelewata community in Guma Local Government Area.
ii. There will be a significant influence of death anxiety on mental wellbeing among internally displaced persons in Yelewata community in Guma Local Government Area.
iii. Posttraumatic stress disorder and Death anxiety will have a significant joint influence on mental wellbeing among internally displaced persons in Yelewata community in Guma Local Government Area.

METHODS

Design

This study used a cross-sectional survey design. The Oxford Dictionary of Psychology defined survey research as a research method for investigating the distribution of attitudes, opinions, mental disorders, and other characteristics of individuals in specific sections of a population or in a whole population, often broken down into demographic groups defined by geographical location, ethnic identity, age, sex, social class, marital status, education, and similar criteria (Colman, 2003). The researcher adopted the use of a questionnaire to carry out the study. A cross-sectional survey design was therefore used to investigate the influence of posttraumatic

stress disorder and death anxiety on mental well-being among internally displaced persons in Guma Local Government Area.

Population

The population comprised all the internally displaced persons in Yelewata community of Guma Local Government Area of Benue State.

Participants

The participants for this study were 282 internally displaced persons in Yelewata community in Guma Local Government Area of Benue State. The participants were from different age groups, sexes, ethnic groups, religions, and both rural and urban areas. The descriptive statistics shown that 144(51.1%) were male, 138(48.9%) were female, the age range was from 18-41 years, for ethnicity, 255(90.4%) were Tiv, 4(1.4%) were Idoma, 2(.7%) were Igede and 21(7.4%) were others. For religion, 268(95.0%) were Christianity, 11(3.9%) were Islam and 3(1.1%) were Traditional. For IDPs 133(47.2%) were international Market Camp, 149(52.8%) were Daudu I respectively.

Sampling Technique

In order to obtain participants for this study, a purposive sampling technique was used. Convenient sampling is the procedure in which the investigator identifies individuals who are considered to be typical of the population and selects them as the sample (Akinsola, 2005). For example, in order to obtain participants for the study, only internally displaced persons in Yelewata Community in Guma who volunteered were used for the study. Therefore, 282 internally displaced persons were drawn from Yelewata community in Guma Local Government Area to participate in the study.

INSTRUMENTS

Mental Wellbeing Scale

Mental wellbeing was measured using Warwick-Edinburgh Mental Well-being Scale (WEMWBS) developed by Stewart-Brown and Jonmohamed (2006). It is a 14 – item scale developed to measure mental wellbeing of individuals. WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and above. Validation involved both student and general population samples, and focus groups. Scores derived from the student and population samples show a single underlying factor, interpreted to be mental well-being, with low levels of social desirability bias and expected moderate correlations with other scales of well-being. Scores for individuals are stable over a one week period.

Posttraumatic Stress Disorder Scale

The Posttraumatic Stress Disorder (PTSD) Checklist (PCL; Weathers, Litz, Herman, Huska & Keane, 1993) is one of the most frequently used self-report inventories to assess the severity of PTSD symptoms. Unlike the Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1997), another commonly used tool for post-traumatic stress symptoms, the PCL consists of 17 items corresponding to the diagnostic criteria for PTSD in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV; American Psychiatric Association, 1994). This 17-item

self-report instrument was developed by staff at the VA National Center for PTSD. It can be used to screen individuals for PTSD and make a provisional diagnosis although additional assessment is desirable to finalize the diagnosis. The PCL-5 can also be used to monitor symptom change during and after treatment. Symptom items are rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week/severe). Symptoms are considered present when rated 1 or higher. The sum of the 20 PTSD symptoms items yield a total PTSD symptom severity score, ranging from 0-80.

Scoring: The PSS-I-5 is scored by simply summing the individual item scores. To obtain severity scores for each of the four symptom clusters, sum the items within each cluster. To obtain total PTSD severity, sum all 17 items for a total PTSD symptom severity score, ranging from 0-80. Consistent with the *DSM-5*, PTSD diagnosis requires the presence of 1 intrusion symptom, 1 avoidance symptom, 2 changes in cognition and mood symptoms, and 2 hyperarousal symptoms. Symptoms must present clinically significant distress or interference, operationalized as a score of 2 or higher on relevant items.

Death Anxiety Scale

The Death Anxiety Scale (DAS) was developed by Donald Templer in 1970. The scale was validated through a study conducted in a Colombian population of adult patients diagnosed with chronic diseases. The validity and reliability of the instrument was done in 1989. The scale consists of 15 items, including questions to be answered on a 5-likert scale, 1=Strongly Disagree, Disagree, 3= Undecided, 4=Agree, 5 = Strongly Agree). The exploratory factor analysis revealed a 3-factor structure, demonstrating good internal consistency with Cronbach's alpha of 0.71, McDonald's omega of 0.76, and Guttman's lambda 6 of 0.74. The death anxiety level is evaluated as: mild for 0–4 points, moderate for 5–9 points, severe for 10–14 points, and panic for 15 points.

Procedure

The researcher obtained an introduction letter from the department to conduct research on internally displaced persons in Yelewata community in Guma Local Government Area. Alongside this permission letter, the researcher recruited and trained a research assistant for data collection. The ethical procedures commenced with the researcher acquiring an introduction letter from the Department of Psychology, Rev. Fr. Moses Orshio Adasu University, Makurdi. This letter formally introduced the researcher to the study area and the respondents. Following approval of this letter, ethical clearance was sought and obtained from the Secretariat of Benue State Humanitarian Service (SEMA) before commencing the research. In accordance with the American Psychological Association’s principles of conducting research involving humans, written informed consent was obtained from all participants before administering the questionnaires, ensuring adherence to principles of voluntariness. The research's purpose and objectives were clearly explained, emphasizing that participation was entirely voluntary. Participants were not subjected to any form of physical or psychological harm, and a token of appreciation was provided at the study's conclusion. Additionally, the researcher shared the research findings with the management of internally displaced persons. These findings could potentially contribute to improving the mental well-being of victims in the study area if implemented effectively. For the study, the researcher

employed a non-probability sampling technique, specifically convenient sampling. This approach facilitated the selection of 282 internally displaced persons from Yelewata community in Guma Local Government Area for data collection. The researcher and assistant identified displaced persons in IDP camps and other locations within Yelewata community in Guma, collecting data through direct interaction. Participation was strictly voluntary, and upon consent, questionnaires were administered to willing participants once, without subsequent follow-up. The responses gathered from these questionnaires served as the primary data for subsequent analysis and presentation of results.

Data Analysis

Descriptive and inferential statistics were used for data analysis. Descriptive statistics, such as simple frequencies, were used to describe the demographic characteristics of the respondents. Inferential statistics, such as simple linear regression and standard multiple regression, were used to analyze hypotheses 1, 2, and 3 stated in the study, with relevant statistical tools Statistical Package for Social Sciences (SPSS version 20).

RESULTS

Hypothesis one stated that there will be a significantly influence of posttraumatic stress disorder on mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area This hypothesis was tested using simple linear regression analysis and the result presented in table the table below.

Table 4.1: Simple linear regression scores showing influence of posttraumatic stress disorder on mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area

Predictor variable	R	R^2	Df	F	β	t	Sig
Constant	.716	.513	1 280	294.760		2.525	.001
Posttraumatic stress disorder					-.716	17.169	.001

The result from Table 4.1 above indicated that posttraumatic stress disorder negatively and significantly influenced mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area [F (1, 281) 294.760; P<.01]. This result implies that posttraumatic stress disorder determines mental well-being. In other words, as one's level of posttraumatic stress disorder increase, mental well-being decreases significantly among internally displaced persons in Yelewata community in Guma Local Government Area. Furthermore, result from Table above revealed that posttraumatic stress disorder accounted for 51.3% (R^2 = .513) variability in explaining mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area. Based on the result therefore, hypothesis one which stated that there will be a significant influence of posttraumatic stress disorder on mental well-being among internally displaced persons in Yelewata community in

Guma Local Government Area was confirmed.

Hypothesis two opined that there will be a significant influence of death anxiety on mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area. This hypothesis was tested using simple linear regression analysis and the result is presented in the Table below:

Table 4.2: Simple linear regression scores showing influence of death anxiety on mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area

Predictor variable	R	R^2	Df	F	β	t	Sig
Constant	.523	.274	1 280	105.614		3.968	.001**
Death Anxiety					-.523	10.277	.001**

****P<.01: *P<.05**

The result from Table 4.2 above showed that death anxiety negatively and significantly influenced mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area [F (1, 280) =105.614; P<.01]. This result implies that death anxiety is a predictor of mental well-being. In other words, as one's degree of death anxiety increase, mental well-being decreases significantly among internally displaced persons in Guma Local Government Area. Additionally, finding from above Table indicated that death anxiety contributed 27.4% (R^2 = .274) variance in explaining mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area. Based on the result therefore, hypothesis two which stated that there will be a significant influence of death anxiety on mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area was confirmed.

Hypothesis three stated that posttraumatic stress disorder and death anxiety will have a significant influence on mental well-being among internally displaced persons in Yelwata community in Guma Local Government Area. This hypothesis was tested using multiple linear regression and the result is presented in table 4.3

Table 4.3: Multiple linear regression scores showing joint influence of posttraumatic stress disorder and death anxiety on mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area

Predictor variable	R	R^2	Df	F	β	t	Sig
Constant	.732	.536	2 279	161.424		.026	.001
Posttraumatic stress disorder					-.614	12.570	.001
Death anxiety					-.184	3.768	.001

The result from table 4.3 above revealed that posttraumatic stress disorder and death anxiety jointly and significantly influenced mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area [F (2,279)= 161.424; P<.01].This result implies that posttraumatic stress disorder and death anxiety are joint determinants of mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area. More so, the result indicated that posttraumatic stress disorder and death anxiety jointly accounted for 53.6% (R^2 = .536) variability in explaining mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area. Following the result therefore, hypothesis three which stated that posttraumatic stress disorder and death anxiety will have a significant joint influence on mental well-being among internally displaced persons in Yelewata community in Guma Local Government Area was confirmed.

DISCUSSION

Hypothesis One: This hypothesis stated that there would be a significant influence of posttraumatic stress disorder (PTSD) on mental wellbeing among internally displaced persons in Yelewata community in Guma Local Government Area. The hypothesis was tested using simple linear regression analysis, and the results showed that PTSD negatively and significantly influenced mental wellbeing among the participants. This implies that higher levels of PTSD are associated with lower levels of mental wellbeing among internally displaced persons. The findings of this study are supported by several previous studies. Rachel and Ian (2023) examined the relationship between death anxiety and psychopathology in treatment-seeking clinical samples and found a strong relationship between fears of death and psychopathology, highlighting the transdiagnostic role of distressing experiences on mental health outcomes. Similarly, Mahta et al. (2022) reported a significant relationship between death anxiety and mental health among dental staff and students during the COVID-19 pandemic, indicating that individuals with higher death anxiety showed lower mental wellbeing. Alma, Sanaz, and Arezu (2016) also established a significant correlation between death anxiety and lower mental wellbeing among university students in Iran. Komal et al. (2022) further demonstrated that death anxiety negatively predicted subjective wellbeing in doctors, with sleep quality mediating the relationship. Dina and Demonstrator (2022) found a strong negative association between death anxiety and perceived physical and psychological wellbeing among older adults, emphasizing that heightened death anxiety reduces overall mental wellbeing. These studies collectively corroborate the current finding that PTSD is a significant determinant of mental wellbeing.

Hypothesis Two: This hypothesis stated that there would be a significant influence of death anxiety on mental wellbeing among internally displaced persons in Yelwata community in Guma Local Government Area. The hypothesis was tested using simple linear regression analysis, and the results revealed that death anxiety negatively and significantly influenced mental wellbeing. This indicates that higher death anxiety predicts lower levels of mental wellbeing among the participants. These results are consistent with prior research. Taiye (2019) found that PTSD, psychological distress, and posttraumatic growth significantly influenced the psychological wellbeing of internally displaced persons in Makurdi, Benue State,

with psychological distress mediating the relationship between PTSD and wellbeing. David et al. (2022) reported that improvements in PTSD symptoms were associated with improvements in personal wellbeing across a 9-month treatment program. Richard and Dusan (2020) highlighted that caregiver PTSD significantly influenced children's mental health, illustrating the broader negative impact of trauma on mental wellbeing. Tura et al. (2023) reviewed studies on internally displaced persons in sub-Saharan Africa and reported a high prevalence of PTSD, demonstrating its impact on mental wellbeing. Victor and Basil (2021) found that PTSD and mental disorders were highly prevalent among Rwandan refugees in Zambia, negatively affecting their mental health. Bayard, Kaducu, and Egbert (2019) showed that trauma exposure and deprivation experienced by IDPs in northern Uganda had significant adverse effects on mental wellbeing. Usman and Abubakar (2023) reported that PTSD and depression symptomatology were highly prevalent among IDPs in Yobe State, North East Nigeria, further underscoring the negative influence of trauma on mental wellbeing. Collectively, these studies support the present finding that death anxiety significantly predicts mental wellbeing among internally displaced persons.

Hypothesis Three: This hypothesis stated that posttraumatic stress disorder and death anxiety would have a significant joint influence on mental wellbeing among internally displaced persons in Yelewata community in Guma Local Government Area. The hypothesis was tested using multiple regression analysis, and the results revealed that PTSD and death anxiety jointly and significantly influenced mental wellbeing among the participants. This implies that the combination of trauma-related stress and fear of death exerts a compounded negative effect on mental wellbeing. The finding of this study is supported by several empirical studies. Rachel and Ian (2023) reported that death anxiety is strongly associated with psychopathology, indicating that persistent fear of death contributes significantly to poor mental health outcomes. Their study emphasized that death-related fears cut across multiple psychological disorders, thereby reducing overall wellbeing. Mahta et al. (2022) found that death anxiety had a significant negative relationship with mental health among dental staff and students during the COVID-19 pandemic. Their findings showed that individuals who experienced higher levels of fear about death reported poorer psychological wellbeing. Alma, Sanaz, and Arezu (2016) also established that death anxiety is significantly related to reduced mental wellbeing among university students. Their study concluded that individuals with heightened awareness and fear of death tend to experience emotional instability and lower life satisfaction. Komal et al. (2022) demonstrated that death anxiety negatively predicted subjective wellbeing among medical doctors. The study further revealed that poor sleep quality acted as a pathway through which death anxiety affected overall wellbeing. Dina and Demonstrator (2022) found that death anxiety was negatively associated with both physical and psychological wellbeing among older adults. Their findings showed that increased fear of death leads to a decline in overall life quality and mental health. Taiye (2019) examined internally displaced persons in Makurdi and found that PTSD and psychological distress significantly influenced psychological wellbeing. The study highlighted that trauma exposure reduces wellbeing, especially when accompanied by emotional distress. David et al. (2022) reported that a reduction

in PTSD symptoms led to improvements in personal wellbeing over time. This finding suggests that PTSD has a direct negative impact on wellbeing, and managing it can improve mental health outcomes. Richard and Dusan (2020) found that PTSD experienced by caregivers significantly affected the mental health of children under their care. This study emphasized that trauma not only affects individuals but also has wider implications for the wellbeing of others. Tura et al. (2023) reviewed studies on internally displaced persons in sub-Saharan Africa and found a high prevalence of PTSD, which was linked to poor mental health outcomes. Their findings indicate that trauma exposure is a major determinant of reduced wellbeing among displaced populations. Victor and Basil (2021) reported that PTSD and other mental disorders were highly prevalent among Rwandan refugees in Zambia. Their study showed that these psychological conditions significantly contributed to poor mental health and reduced wellbeing. Bayard, Kaducu, and Egbert (2019) found that exposure to trauma and deprivation among internally displaced persons in northern Uganda had severe negative effects on their mental wellbeing. The study emphasized the long-term psychological consequences of displacement and conflict. Usman and Abubakar (2023) reported a high prevalence of PTSD and depressive symptoms among internally displaced persons in Yobe State, Nigeria. Their findings showed that these mental health challenges significantly reduce overall wellbeing. Collectively, these studies provide strong support for the present finding by demonstrating that both PTSD and death anxiety independently contribute to poor mental wellbeing. When combined, as observed in this study, their effects become more pronounced, leading to a greater decline in mental wellbeing among internally displaced persons.

CONCLUSION

Based on the findings of this study, it was concluded that posttraumatic stress disorder (PTSD) has a significant influence on mental wellbeing among internally displaced persons in Yelewata community in Guma Local Government Area. This indicates that individuals who experience higher levels of trauma-related stress are more likely to report poorer mental wellbeing. The exposure to traumatic events such as violence, displacement, and loss appears to negatively affect their psychological state, thereby reducing their overall quality of life and emotional stability. Furthermore, the study concluded that death anxiety significantly influences mental wellbeing among internally displaced persons in the study area. This suggests that the persistent fear and anticipation of death contribute to increased psychological distress and reduced mental wellbeing. Internally displaced persons, who often live in uncertain and insecure conditions, may experience heightened fears about survival, which in turn affects their emotional and psychological health. Finally, the study concluded that posttraumatic stress disorder and death anxiety jointly have a significant influence on mental wellbeing among internally displaced persons in Yelwata community in Guma Local Government Area. This implies that the combined effect of trauma-related stress and fear of death produces a stronger negative impact on mental wellbeing than either factor alone. The interaction of these variables highlights the complexity of psychological challenges faced by internally displaced persons and underscores the need for comprehensive mental health interventions that address both trauma and death-related fears simultaneously.

RECOMMENDATIONS

i. The government should institutionalize routine and comprehensive mental health screening programs for internally displaced persons (IDPs), with particular emphasis on the early detection of posttraumatic stress disorder (PTSD) and related psychological conditions.

ii. Standardized and validated assessment tools such as the PTSD Checklist for DSM-5 (PCL-5) should be consistently utilized to ensure accuracy and reliability. In addition, these assessments should adopt a holistic approach by incorporating evaluations of physical health status, social support systems, and living conditions, as these factors collectively influence mental wellbeing. Regular screening will facilitate early identification, timely intervention, and continuous monitoring of mental health outcomes among IDPs.

iii. The Ministry of Health and Human Services should develop and implement structured, accessible, and culturally sensitive mental health intervention programs for IDPs. This should include the establishment of support groups and group-based therapeutic sessions aimed at promoting social connectedness, shared experiences, and emotional support among displaced persons. Furthermore, evidence-based individual therapeutic interventions such as Cognitive-Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) should be made widely available through trained mental health professionals. Expanding access to both group and individualized care will enhance coping mechanisms, reduce psychological distress, and improve overall mental wellbeing.

iv. The government, in collaboration with non-governmental organizations (NGOs) and relevant stakeholders, should significantly increase funding, infrastructure, and human resources dedicated to mental health services for internally displaced populations. There is also a need to formulate and implement comprehensive mental health policies that explicitly prioritize the psychological wellbeing of IDPs within national and local healthcare frameworks. Such policies should focus on integrating mental health services into primary healthcare systems, improving service accessibility in displacement camps, and ensuring long-term sustainability of interventions. Strengthening institutional support in this manner will address existing gaps and promote better mental health outcomes among displaced populations.

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