OPEN ACCESS Freely available online

Journal of Mental Health Research and Innovation

Research Article Vol. 1, Issue 1, July-December 2026

The Impact of Poverty and Stress on Mental Health among Patients in Federal Neuro-Psychiatric Hospital, Barnawa Kaduna State

Okechukwu Jude Oguizu[1*], Chukwunyere Chichi Grace[2]

[1]*Deputy Director Clinical Psychology/Lecturer, Clinical Psychology Department, Department of Clinical Services, Federal Neuropsychiatric Hospital Barnawa Kaduna*

[2]*Department of Psychology, Postgraduate School, Nigeria Defence Academy, Kaduna, Nigeria*

[*]**Correspondence to:** Okechukwu Jude Oguizu, Deputy Director Clinical Psychology/Lecturer, Clinical Psychology Department, Department of Clinical Services, Federal Neuropsychiatric Hospital Barnawa Kaduna, E-mail: okechukwuoguizu@gmail.com

Received: August 20, 2026; **Manuscript No:** JMRI-26-7575; **Editor Assigned:** September 01, 2026; **PreQc No:** JMRI-26-7575 (PQ); **Reviewed:** September 18, 2026; **Revised:** September 19, 2026; **Accepted:** September 21, 2026; **Published:** November 06, 2026

Citation: Oguizu OJ, Grace CC (2026). The Impact of Poverty and Stress on Mental Health among Patients in Federal Neuro-Psychiatric Hospital, Barnawa Kaduna State. J. Ment. Health Res. Innov. Vol.1 Iss.1, November (2026), pp:63-70.

Copyright: © 2026 Okechukwu Jude Oguizu, Chukwunyere Chichi Grace. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

ABSTRACT

Objectives: The objective was to determine if relationship exist between poverty and stress on mental health of patients in Kaduna. To find out if poverty and stress will significantly predict mental health of patients in Kaduna.

Method: A total of 60 participants comprising 41 males and 19 females were selected through purposive sampling technique from the Federal Neuropsychiatric Hospital, Kaduna. The three instruments used were Patient Health Questionnaire (PHQ), Perceived Stress Scale (PSS) and Simple Poverty Scorecard (SPS) which were administered by a Psychiatrist and a Clinical Psychologist. Four hypotheses were tested using inferential statistics of Linear Regression and Multiple Regression test to infer the significant among the variables.

Results: The result of hypothesis one analysis revealed a moderate positive correlation ($r = .46$, $p < .01$), indicating that higher levels of stress were significantly associated with poorer mental health outcomes. Furthermore, result of hypothesis two result showed that poverty was not a significant predictor of mental health, $F(1, 58) = 0.006$, $p = .940$. Similarly, result of hypothesis three results showed that perceived stress was a significant positive predictor of mental health, $R2=.214$, $F(1,58)=15.84, p<.001$. Hypothesis four indicated that the two predictors cumulatively explained approximately 21.8% of the variance in mental health scores, $R2=.218$, $F(2, 57) =7.94$, $p=.001$.

Conclusion: The study concluded that, there was a significant positive relationship between perceived stress on mental health but insignificant relationship with poverty among patients.

Keywords: Poverty; Stress; Mental Health Patients; Kaduna State; Nigeria

INTRODUCTION

Poverty has been linked to a range of negative health outcomes, including increased risk of mental health problems, substance abuse, and poor physical health [1,2]. Hudson CG pointed out, "poverty is a major risk factor for mental health problems, and its effects can be seen in the high rates of mental health problems in poor communities [3]." Also, research has shown that poverty can have a range of negative effects on mental and physical health, including increased risk of anxiety, depression, and substance abuse [2]. In addition, poverty can also disrupt family and social relationships, leading to increased conflict, violence and abuse [4]. The breakdown of social relationships and community cohesion can have devastating effects on mental health, particularly for vulnerable populations such as children, women and the elderly [3]. According to World Health Organization, poverty can also limit access to mental health services, exacerbating the mental health effects of poverty [4].

In Nigeria, for example, the lack of mental health services in rural areas can make it difficult for individuals to access the care they need, perpetuating the cycle of poverty and mental illness [5].

The relationship between poverty and mental health is complex and bidirectional. Poverty can contribute to the development of mental health problems and mental health problems can also contribute to poverty [6]. For example, individuals with mental health problems may struggle to maintain employment, leading to poverty [7]. Similarly, poverty

can exacerbate mental health problems, creating a cycle of poverty and mental illness [8]. Breaking this cycle requires a comprehensive approach that addresses both poverty and mental health [4].

Also, Stress serves as a risk factor for mental illness. There is increasing evidence that environ-mental and economic stressors can have adverse effects on families and children, indicating that stress is an important risk factor in mental health [9]. Moreover, the literature has consistently found stress to be a significant risk factor for the development of mental illness, addiction to drugs and/or alcohol and relapse vulnerability [10]. Furthermore, stressful life events have been found to be associated positively with depression, poor physical health and substance use, suggesting that stress may be a precipitant of drug use behaviour [11]. Also, stress can impact on mental health by altering the body's hypothalamic-pituitary-adrenal (HPA) axis, leading to changes in cortisol levels, catecholamine and others which can contribute to the development of mental health problems and other psychosomatic disorders [2]. In addition, there is strong evidence that suggests mental health is associated with vulnerability to perceived stress Schneider and Schimmenti that traumatic experience increases the possibility of mental health problems [12,13]. Poverty and stressful life events serve as potential risk factors for mental illness, substance use and abuse/dependence among adolescents, adults and old adults.

Despite the efforts of mental health professionals, government and other governmental agencies to stem the tide of mental illness in Nigeria, there has been a consistent rapid rise in the number of cases of mental illness among young people and old adults in Nigeria.

Despite these challenges, academic research has not been carried out as it supposed to in order to provide solutions to policy makers on the menace. It therefore, goes to implicate a lacuna in understanding of the role of poverty and stress on mental health. This work addressed the lacuna. It is in the light of the foregoing that this study investigated the impact of poverty and stress on mental health among patients in Kaduna State.

It was hypothesized that:

1. There will be a significant positive relationship between poverty and stress on mental health.

2. Poverty will significant predict mental health problems.

3. Stress will significant predict mental health problems.

4. There will be a significant difference on mental health outcomes between individuals living poverty and those who are not.

5. Poverty and stress will have a cumulative effect on mental health outcomes.

MATERIALS AND METHODS

Participants

The participants of the study comprised 60 adults who are currently undergoing treatment at the Federal Neuropsychiatric Hospital Kaduna, and who were previously implicated or have shown signs of depression or/and other psychological conditions as certified by a Clinical Psychologist and Psychiatrist. Diagnosis of mental health disorder was made based on the Diagnostic Statistical Manual of Mental Disorders of American Psychiatric Association (DSM-V TR) American Psychiatric Association or International Classification of Diseases and Related Health Problems (ICD-11) criteria [14,4]. The sample size was gotten from the population, using purposive sampling. Purposive sampling is a non-probability sampling that entails selecting participants based on specific criteria that align with the research objective. The participants were selected based on the following: (a) presence of an acknowledged mental health disorder (b) being an inpatient or outpatient of hospitals within the period of the study, (c) no serious current psychiatric symptoms (that is, severe cognitive impairment or psychotic episode), (d) informed consent taken from the patients and (e) an understanding of the English language.

Instrument

Three psychological assessment instruments were completed by the participants in this study. They were Patient Health Questionnaire (PHQ), Perceived Stress Scale (PSS) and Simple Poverty Scorecard (SPS).

Patient Health Questionnaire (PHQ)

The PHQ, developed by Adewuya AO and Abiodun OA, is a psychological assessment instrument designed to assess mental health experiences, including depression, anxiety and somatic symptoms [15,16]. It comprises 10 self-report items which are arranged in a 4-point Likert format ranging from 1 (Not at all) to 4 (Nearly every day). The PHQ has been widely used and validated in various studies globally, including Nigeria [15,16]. A test-retest reliability coefficient of .80 and alpha coefficient of . 79 was obtained. The divergent validity tested with other scales indicated correlation coefficients ranging from .50 to .39.

Perceived Stress Scale (PSS)

The PSS, developed Cohen, is a psychological assessment instrument designed to assess the degree to which individuals perceive their lives as stressful [17]. It comprises 14 self-report items which are arranged in a 5-point Likert format ranging from 0 (Never) to 4 (Very often). The PSS has been validated in various studies, ensuring its reliability and validity [17]. A test-retest reliability coefficient of .85 and alpha coefficient of .84 was obtained. The divergent validity tested with other scales indicated correlation coefficients ranging from .50 to .40. In a study involving Nigerian adolescents by Cohen, Cronbach's Alpha of 0.90 was reported, indicating good internal consistency. Test-retest reliability also has been observed at r > 0.70 in other populations [17].

Simple Poverty Scorecard (SPS)

Simple Poverty Scorecard (SPS) was developed was by Schneider [12]. The SPS is based on logistic regression analysis, which provides a robust framework for predicting poverty likelihood. Studies have shown that the SPS can accurately identify poverty levels and predict poverty likelihood. The SPS provides a poverty likelihood score, which estimates the probability of a household living below a specified poverty line. SPS is a practical tool for poverty assessment, and its validity and reliability have been demonstrated in various studies to be very good. The Simple Poverty Scorecard (SPS) has been effectively utilized in Nigeria by various organizations, including: Microfinance Risk Management, L.L.C, LAPO Microfinance and World Bank developed by Mark Schreiner.

Procedure

The study was made possible by the Ethical Committee of Federal Neuropsychiatric Hospital, Kaduna who approved the conduction of the research with participants from the wards including Drug Alcohol Treatment Education and Rehabilitation (DATER) unit. Before administering the research instruments; Patient Health Questionnaire (PHQ), Perceived Stress Scale (PSS) and Simple Poverty Scorecard (SPS)), participants duly consented by signing a consent form and participation was voluntary. Ten (10) questionnaires were incomplete and discarded. At the end of the exercise, 60 questionnaires were obtained. The obtained questionnaires were analyzed by a Psychiatrist and a Clinical Psychologist to determine the presence of psychopathology; depression, anxiety and others psychological disorders.

Design /statistics

This study adopted a correlational research design. The correlational design was to explore the impact of Poverty and stress on mental health of patients in Kaduna state, Nigeria. Poverty and stress were the independent variables while mental health outcome, were the dependent variable. The data collected was analyzed using the most recent Statistical Package for Social Sciences (SPSS) version 27. The descriptive statistics used were frequency, percentages, means and standard deviations while the inferential statistics used to test the hypothesis was Pearson Product-Moment Correlation and Standard Linear Regression Analysis. Descriptive Statistics: Means, frequencies, and percentages were used to summarize the demographic characteristics and mental health experience. Inferential Statistics: Regression analysis was used to examine the relationship between poverty and Stress on mental health outcomes. Specifically, Simple linear regression test conducted to examine whether poverty significantly predicted mental health outcomes among participants outcomes. Correlation Analysis: Inter-correlation Analysis was used to examine the relationship between poverty and stress on mental health outcomes. Simple linear regression test conducted to evaluate whether perceived stress significantly predicted mental health among the patients while multiple regression analysis conducted to examine whether poverty and perceived stress predicted mental health outcomes among patients.

RESULTS

The results of the study showed that:

Variable & Categories	Male (n=41)	Female (n=19)	Total (N=60)
Poverty status			
No poverty	41 (68.3%)	19 (31.7%)	60 (100.0%)
Perceived stress			
No stress	4 (6.7%)	0 (0.0%)	4 (6.7%)
Low stress	18 (30.0%)	12 (20.0%)	30 (50.0%)
High stress	19 (31.7%)	7 (11.7%)	26 (43.3%)
Mental health status			
Minimal depression	13 (21.7%)	8 (13.3%)	21 (35.0%)
Mild depression	12 (20.0%)	4 (6.7%)	16 (26.7%)
Moderate depression	9 (15.0%)	5 (8.3%)	14 (23.3%)
Moderately severe depression	3 (5.0%)	2 (3.3%)	5 (8.3%)
Severe depression	4 (6.7%)	0 (0.0%)	4 (6.7%)

Table 1: Pattern of Poverty, Perceived Stress and Mental Health Status Based on Gender

Table 1 presents the analysis of the pattern of poverty by gender which revealed that all participants in the study were classified as not experiencing poverty. Specifically, 68.3% of the respondents were male and 31.7% were female, indicating that the sample was relatively more male-dominated. Since there was no variation in poverty status, no meaningful gender differences could be examined for this variable.

With regard to perceived stress, the findings showed that half of the participants (50.0%) reported experiencing low stress, while 43.3% reported high stress, and only a small proportion (6.7%) reported no stress at all. When considered by gender, 30.0% of the total sample who reported low stress was male compared to 20.0% who were female. Similarly, 31.7% of males reported high stress compared to 11.7% of females. This suggests that while both genders experienced stress, males were somewhat more represented among those who reported higher

levels of stress, whereas females were more evenly distributed between low and high stress categories.

In terms of mental health status, the majority of participants fell within the categories of minimal (35.0%) and mild (26.7%) depression, while fewer participants reported moderate (23.3%), moderately severe (8.3%), or severe (6.7%) depression. Gender distribution within these categories showed that males were more represented across all levels of depression compared to females, especially at the severe level where only males (6.7%) reported symptoms. Females were more concentrated in the minimal (13.3%) and moderate (8.3%) depression categories. Thus, this pattern suggests that while both males and females experienced varying levels of depressive symptoms, males were more represented at the extreme of the mental health spectrum, particularly in cases of severe depression.

Graphical Presentation

Pattern of Poverty, Perceived Stress and Mental Health Status Based on Gender

Sample: Male (n = 41), Female (n = 19), Total (N = 60)

Poverty status. All 60 participants were classified as having no poverty: 41 males (68.3%) and 19 females (31.7%). Because there was no variation in poverty status, a separate comparative chart was not necessary.

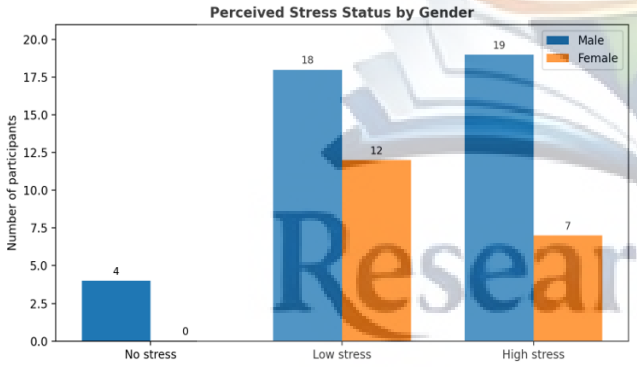


Figure 1: Perceived Stress Status by Gender

Note: Values represent the number of participants in each perceived-stress category.

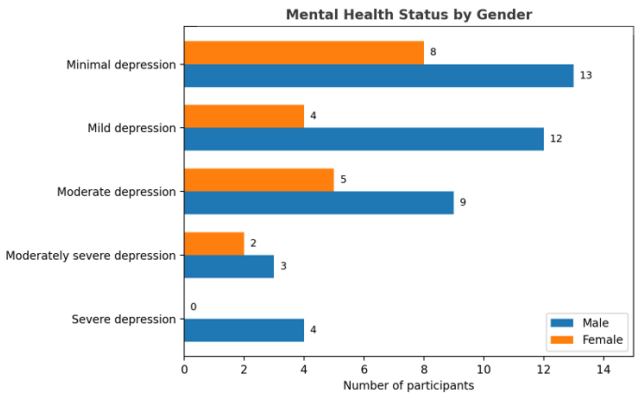


Figure 2: Mental Health Status by Gender

Note: Mental health status is presented according to depression severity categories.

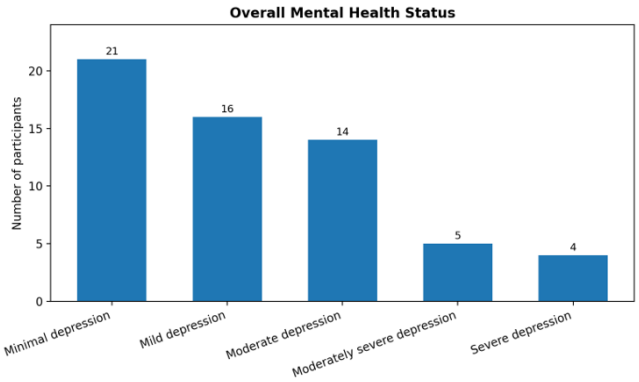
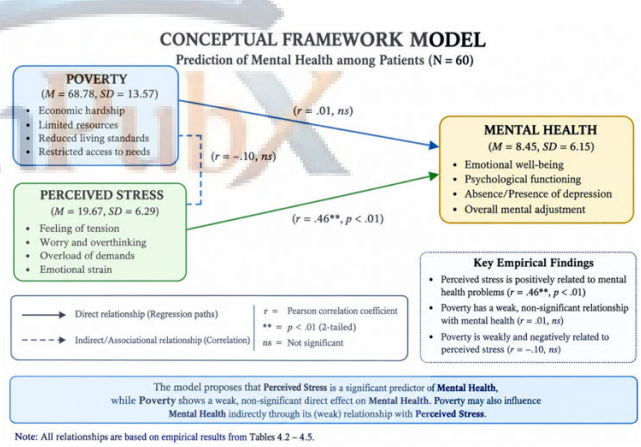


Figure 3: Overall Mental Health Status

Note: The bars represent the total number of participants in each depression-severity category.

Brief Interpretation

The graphical presentation shows that high stress was reported by 19 males and 7 females, while low stress was reported by 18 males and 12 females. Four males reported no stress, whereas no female participant fell in this category. Regarding mental health status, minimal depression was the most common category overall (n = 21), followed by mild depression (n = 16) and moderate depression (n = 14). Moderately severe depression was reported by 5 participants, while severe depression was reported by 4 participants, all of whom were male.



Hypothesis 1: There will be significant positive relationship between poverty and stress on mental health of patients in Kaduna. This hypothesis was tested using Inter-correlation Analysis; the result is presented in Table 2.

Variable	M	SD	1	2
1. Mental health	8.45	6.15	1	
2. Poverty	68.78	13.57	0.01	1
3. Perceived stress	19.67	6.29	.46**	–.10

Table 2: Descriptive Statistics and Correlations among Study Variables (N = 60)

Note: p < .01 (2-tailed).

Table 2 shows the summary results of the inter-correlation analysis on mental health, poverty, and perceived stress. On average, participants reported a mental health score of 8.45 (SD = 6.15), indicating variability in psychological wellbeing within the group. The mean poverty score was relatively high at 68.78 (SD = 13.57), suggesting that economic challenges were fairly common among respondents. Perceived stress had a mean score of 19.67 (SD = 6.29), reflecting moderate levels of stress generally. Looking at the relationships between the variables, poverty showed virtually no association with mental health (r = .01, p = .940), implying that economic status did not directly predict respondents' mental health in this sample. Similarly, poverty was not significantly related to perceived stress (r = –.10, p = .429).

However, a meaningful pattern emerged between perceived stress and mental health. The analysis revealed a moderate positive correlation (r = .46, p < .01), indicating that higher levels of stress were significantly associated with poorer mental health outcomes. This suggests that while economic hardship alone may not have directly influenced mental health, the experience of stress played a more central role in shaping psychological wellbeing among participants.

Hypothesis 2: Poverty will significantly predict mental health problem among patients in Kaduna State. This hypothesis was tested using Linear Regression Analysis; the result is presented in Table 3.

Variables	R	R2	F	B	t.	Sig.
(Constant)	..010	0	0.006	8.141	1.954	0.056
Poverty				0.004	0.076	0.94

Table 3: Summary of Linear Regression Showing How Poverty Predict Mental Health among Patients.

Table 3 shows the summary of simple linear regression test conducted to examine whether poverty significantly predicted mental health outcomes among participants. The results showed that poverty was not a significant predictor of mental health, F (1, 58) = 0.006, p = .940. The model explained virtually no variance in mental health scores (R^2 = .000), indicating that levels of poverty did meaningfully account for differences in participants' mental health. Specifically, the regression coefficient for poverty test was very small and statistically non-significant (B = 0.004, p = .940). This means that for every one-unit increase in poverty scores in this study, mental health scores increased by only 0.004 units, which is practically negligible. The constant term (B = 8.141, p = .056) suggests that, on average, participants reported mental health scores of about 8.14 when poverty scores were zero, although this value was only marginally significant. Thus, these findings suggest that in this sample, poverty status alone was not strongly associated with mental health outcomes. Other factors beyond poverty are likely more important in explaining variations in mental health in this study.

Hypothesis 3: Perceived stress will significantly predict mental health problem among patients in Kaduna State. This hypothesis was tested using Linear Regression Analysis; the result is presented in Table 4.

Variables	R	R2	F	B	t.	Sig.
(Constant)	..463	..214	15.84	-0.444	-0.189	0.851
Perceived stress				0.452	3.979	0

Table 4: Summary of Linear Regression Showing How Perceived Stress Predict Mental Health among Participants.

Table 4 presents the summary result of simple linear regression test conducted to evaluate whether perceived stress significantly predicted mental health among the patients. The results showed that perceived stress was a significant positive predictor of mental health, R2=.214, F (1, 58) =15.84, p<.001. This means that approximately 21.4% of the variance in mental health was explained by perceived stress levels. Specifically, the regression coefficient indicated that for every one-unit increase in perceived stress, mental health scores increased by 0.45 units (B = 0.452, t = 3.979, p < .001). The constant term was not statistically significant (B = –0.444, t= -189, p = .851), suggesting that perceived stress was the main factor influencing mental health in this model. Generally, the findings suggest that individuals experiencing higher levels of perceived stress also reported poorer mental health outcomes. This aligns with prior research linking psychological stress with reduced emotional well-being and highlights the importance of stress management interventions for improving mental health.

Hypothesis 4: Poverty and perceived stress will have significantly cumulative impact on mental health problem among patients in Kaduna State. This hypothesis was tested using Multiple Regression Analysis; the result is presented in Table 5.

Variables	R	R2	F	B	t.	Sig
Poverty	0.467	0.218	7.939*	0.027	0.499	0.62
Perceived stress	0.458	3.984	0			

Table 4: Summary Results of the Multiple Regression Analysis Showing the Prediction of Poverty and Perceived Stress on Mental Health among Patients

Sig. Level: *P = .05, (DF =2, 57)

Table 4 presents the summary result of multiple regression analysis conducted to examine whether poverty and perceived stress predicted mental health outcomes among patients. Results from the model summary indicated that the two predictors cumulatively explained approximately 21.8% of the variance in mental health scores, R2=.218, F (2, 57) =7.94, p=. 001. This suggests that the model significantly improved the prediction of mental health compared to chance. Looking at the individual contributions of the predictors, perceived stress emerged as a significant predictor of mental health (B=0.458, t=3.985, p<.001). This means that for every unit increase in perceived stress, mental health difficulties increased by nearly half a point on average, holding poverty constant. In contrast, poverty did not significantly predict mental health (B=0.027, t=0.499, p=.620), indicating that variations in poverty levels were not directly associated with changes in mental health scores in this sample. Therefore, the findings highlight that perceived stress was a stronger and more reliable predictor of mental health outcomes than poverty, underscoring the importance of psychological stress as a risk factor for poor mental health, while the effect of poverty appeared minimal when both factors were considered together.

DISCUSSION

From the results presented in table 4 above, the first hypothesis stated that there will be significant positive relationship between poverty and stress on mental health of patients in Kaduna. This hypothesis was tested using Inter-correlation Analysis. Looking at the relationships between the variables, poverty showed virtually no association with mental health, implying that economic status did not directly predict respondents' mental health in this sample. Similarly, poverty was not significantly related to perceived stress. However, a meaningful pattern emerged between perceived stress and mental health. The analysis revealed a moderate positive correlation, indicating that higher levels of stress were significantly associated with poorer mental health outcomes. This suggests that while economic hardship alone may not have directly influenced mental health, the experience of stress played a more central role in shaping psychological wellbeing among participants. This could be seen in terms of the effects of poverty on mental health are also influenced by the individual's coping mechanisms and resilience. Some individuals may be more resilient to the effects of poverty on mental health due to their coping mechanisms, such as social support, self-esteem, and problem-solving skills. Supporting the finding of this study Oguizu OJ, found that poverty and stress can have a profound impact on mental health, particularly in vulnerable populations such as children and adolescents [5]. Oguizu OJ, suggests that poverty and stress can lead to increased rates of mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD) [5].

Again, other studies have highlighted the importance of considering the impact of poverty and stress on mental health. For example, Liu, found that poverty and stress can lead to increased rates of mental health disorders, particularly in vulnerable populations such as children and adolescents [18]. Kabat-Zinn found that poverty and stress can lead to changes in brain structure and function, particularly in regions involved in emotional regulation and memory [1]. The impact of poverty and stress on mental health is a critical concern.

Hypothesis two stated that, poverty will significantly predict mental health problem among patients in Kaduna State. This hypothesis was tested using Linear Regression Analysis. Simple linear regression test conducted to examine whether poverty significantly predicted mental health outcomes among participants. The results showed that poverty was not a significant predictor of mental health. The model explained virtually no variance in mental health scores (R^2 = .000), indicating that levels of poverty did meaningfully account for differences in participants' mental health. Specifically, the regression coefficient for poverty test was very small and statistically non-significant. This means that for every one-unit increase in poverty scores in this study, mental health scores increased by only 0.004 units, which is practically negligible. The constant term suggests that, on average, participants reported mental health scores of about 8.14 when poverty scores were zero, although this value was only marginally significant. Thus, these findings suggest that in this sample, poverty status alone was not strongly associated with mental health outcomes. Other factors beyond poverty are likely more important in explaining variations in mental health in this study. In agreement to the finding of this study, Research has shown that poverty can lead to increased rates of mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). For example, Ajegi, found that individuals living in poverty were more likely to experience depression and anxiety than those who were not living in poverty [19]. Also Heim C found that individuals who experienced trauma and stress were more likely to develop PTSD than those who did not experience trauma and stress [20]. The relationship between poverty and stress on mental health is complex and bidirectional. Poverty can lead to stress, which can exacerbate mental health problems. Conversely, mental health problems can also exacerbate poverty, by limiting an individual's ability to work and earn a living.

Hypothesis three stated that, Perceived stress will significantly predict mental health problem among patients in Kaduna State. This hypothesis was tested using Linear Regression Analysis. Simple linear regression test conducted to evaluate whether perceived stress significantly predicted mental health among the patients. The results showed that perceived stress was a

significant positive predictor of mental health. This means that approximately 21.4% of the variance in mental health was explained by perceived stress levels. Specifically, the regression coefficient indicated that for every one-unit increase in perceived stress, mental health scores increased by 0.45 units. The constant term was not statistically significant, suggesting that perceived stress was the main factor influencing mental health in this model. Generally, the findings suggest that individuals experiencing higher levels of perceived stress also reported poorer mental health outcomes. This aligns with prior research linking psychological stress with reduced emotional well-being and highlights the importance of stress management interventions for improving mental health. Supporting the result of this study recent studies have highlighted the importance of considering the impact of stress on mental health in different contexts. For example, Ajegi E, found that stress was significant predictors of mental health problems in low-income countries [19]. Hernandez found that stress was associated with increased rates of mental health disorders in urban populations [8].

Hypothesis four stated that, poverty and perceived stress will have significantly cumulative impact on mental health problem among patients in Kaduna State. This hypothesis was tested using Multiple Regression Analysis. Multiple regression analysis conducted to examine whether poverty and perceived stress predicted mental health outcomes among patients. Results from the model summary indicated that the two predictors cumulatively explained approximately 21.8% of the variance in mental health scores [21]. This suggests that the model significantly improved the prediction of mental health compared to chance. Looking at the individual contributions of the predictors, perceived stress emerged as a significant predictor of mental health. This means that for every unit increase in perceived stress, mental health difficulties increased by nearly half a point on average, holding poverty constant. In contrast, poverty did not significantly predict mental health, indicating that variations in poverty levels were not directly associated with changes in mental health scores in this sample. Therefore, the findings highlight that perceived stress was a stronger and more reliable predictor of mental health outcomes than poverty, underscoring the importance of psychological stress as a risk factor for poor mental health, while the effect of poverty appeared minimal when both factors were considered together. Supporting the finding of the study, Studies have identified multiple factors related to mental health problems of patients, a general term encompassing unwanted psychological or physical harm Nogovitsyn, may be related to the mental health disorders. Adverse patients experience may increase the probability of mental health diagnosis [22,23]. There is also strong evidence that suggests mental health is associated with vulnerability to perceived stress [21] and traumatic experience increases the possibility of mental health [13,24].

CONCLUSION

At the conclusion of the study, the first hypothesis was confirmed to be statistically significant; therefore, it was concluded that, there was a significant positive relationship between perceived stress on mental health but insignificant relationship with poverty among patients. Similarly second hypothesis was not confirmed to be statistically significant; therefore it was concluded that, poverty was not a significant predictor of mental health problem among patients in Kaduna State. Furthermore, third hypothesis was confirmed to be statistically significant; therefore, it was concluded that, perceived stress was a significant predictor of mental health problem among patients in Kaduna State. Finally, the fourth hypothesis was confirmed to be statistically significant; thus, it was concluded that poverty and perceived stress have a significant cumulative impact on mental health problem among patients in Kaduna State.

ACKNOWLEDGEMENT

The authors acknowledge the support, approval and permission of the Health Research Ethical Committee of Federal Neuropsychiatric Hospital, Barnawa, Kaduna, to conduct the study in the DATER unit and in the wards of the hospital. Special thanks to the Psychiatrists and Clinical Psychologists in making the diagnosis and who assisted in administering the questionnaires and to the patients for their co-operation and participation in the study

CONSENT STATEMENT

The patient gave written informed consent.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

FUNDING

The authors did not receive any specific funding for the study

REFERENCES

1. Kabat-Zinn J. Mindfulness-based interventions in context: Past, present, and future.
2. McEwen BS. Brain on stress: how the social environment gets under the skin. Proceedings of the National Academy of Sciences. 2012 Oct 16;109(supplement_2):17180-5.
3. Hudson CG. Socioeconomic status and mental illness: tests of the social causation and selection hypotheses. American journal of Orthopsychiatry. 2005;75(1):3.
4. World Health Organization. International statistical classification of diseases and related health problems. World Health Organization; 2015.
5. Oguizu OJ. Stress and Drug Addiction: Neurobiological Mechanism, Pharmacological and Psychological Management of Substance Use Disorder Patients in Nigerian. Nigerian Journal of Psychology. 2024;24(1).
6. Lund C, Breen A, Flisher AJ, Kakuma R, Corrigall J, et al. Poverty and common mental disorders in low and middle income countries: A systematic review. Social science & medicine. 2010 Aug 1;71(3):517-28.
7. Patel V, Saxena S. Achieving universal health coverage for mental disorders. Bmj. 2019 Sep 23;366.
8. Hernandez L, & Sanchez T. (2022). Poverty and mental health in urban areas. Journal of Occupational Health Psychology, 27(3), 321-332.
9. Boardman JD, Finch BK, Ellison CG, Williams DR, Jackson JS. Neighborhood disadvantage, stress, and drug use among adults. Journal of health and social behavior. 2001:151-65.

10. Fink G, editor. Stress consequences: mental, neuropsychological and socioeconomic. Academic Press; 2010 Apr 6.
11. Shalev UR, Grimm JW, Shaham Y. Neurobiology of relapse to heroin and cocaine seeking: a review. Pharmacological reviews. 2002;54(1):1-42.
12. Schneider LA, King DL, Delfabbro PH. Family factors in adolescent problematic Internet gaming: A systematic review. Journal of behavioral addictions. 2017 Sep;6(3):321-33.
13. Schimmenti A, Passanisi A, Caretti V, La Marca L, Granieri A, et al. Traumatic experiences, alexithymia, and Internet addiction symptoms among late adolescents: A moderated mediation analysis. Addictive behaviors. 2017 Jan 1;64:314-20.
14. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Association Publishing.
15. Adewuya AO, Ola BA, Afolabi OO. Validity of the patient health questionnaire (PHQ-9) as a screening tool for depression amongst Nigerian university students. Journal of affective disorders. 2006;96(1-2):89-93.
16. Abiodun OA. (2011). A study of emotional intelligence and psychological distress among Nigerian undergraduates. International Journal of Psychological Studies, 1(2), 11-20.
17. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. Journal of health and social behavior. 1983:385-96.
18. Liu L, Liu C, Ke X, Li N. Mediating effect of social support on the association between life events and depression: a cross-sectional study of adolescents in Chongqing China. Medicine. 2020;99(51):e22627.
19. Ajegi E. (2022). Poverty and mental health. Journal of Clinical Psychology, 78(1), 15-28.
20. Heim C, Shugart M, Craighead WE, Nemeroff CB. Neurobiological and psychiatric consequences of child abuse and neglect. Developmental psychobiology. 2010;52(7):671-90.
21. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th Ed.). Arlington, VA: American Psychiatric Publishing.
22. Nogovitsyn N, Addington J, Souza R, Placsko TJ, Stowkowy J, et al. Childhood trauma and amygdala nuclei volumes in youth at risk for mental illness. Psychological Medicine. 2022;52(6):1192-9.
23. Bomysoad RN, & Francis LA. Adverse childhood experiences and mental health conditions among adolescents. Journal of Adolescent Health, 67(6), 868–870.
24. WHO (2022). Mental health. strengthening-our-response

ResearchPubX