



Impact of Social Support on Mental Health Status and Psychological Well-being Among Internally Displaced Persons (IDP) in Fakai lga Kebbi State, Nigeria.



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ABSTRACT

Internally displaced persons (IDPs) are often exposed to traumatic experiences, loss of social networks, and poor living conditions, which place them at high risk of mental health challenges and reduced psychological well-being. Understanding the role of social support and mental health status is therefore critical in improving their overall well-being.

This study examined the influence of social support and mental health status on psychological well-being among internally displaced persons (IDPS) in Fakai L.G.A of Kebbi State, Nigeria. The aim of this study was to determine the extent to which social support and mental health status influence psychological well-being among internally displaced persons. Survey design was adopted for the study. 265 participants consisting of (Male: N = 143, and Female: N = 122, 47.3%) were randomly selected using convenient sampling technique. The instruments used for the study were the Psychological Well-being Scale, Mental Health Scale, and the Multidimensional Scale of Perceived Social Support (MSPSS). Data collected were analyzed using linear regression and multiple regression analysis to test the hypotheses.

The results revealed that social support had a significant impact on psychological well-being among Internally Displaced Persons ($\beta = .478$; $t = 7.798$; $F = 60.814$; $Sig = .000$; $p < .01$). Second hypothesis indicated that there is a significant influence of mental health on psychological well-being ($\beta = .396$; $t = 6.172$; $F = 38.096$; $Sig = .000$; $p < .01$). Also, findings from the third hypothesis showed that social support and mental health jointly influenced psychological well-being among internally displaced persons in Fakai L.G.A of Kebbi State, Nigeria.

The findings were discussed in line with other related works, and it was recommended, among others, that appropriate psychosocial interventions and social support systems should be strengthened to enhance the psychological well-being of internally displaced persons.

Keywords:

Social Support,
Mental Health Status &
Psychological Well-being.

INTRODUCTION

Internally displaced persons (IDPs) represent one of the most vulnerable groups in the global humanitarian landscape. Unlike refugees, IDPs are forced to leave their homes due to conflict, violence, human rights violations, or natural disasters but remain within the borders of their own country. The impact of displacement on the physical and mental health of IDPs is profound, as they often experience extreme forms of trauma, loss, and instability in addition to a lack of access to essential services and adequate living conditions (Meyer & Hughes, 2022). The psychological effects of displacement are far-reaching and include elevated rates of anxiety, depression, post-traumatic stress disorder (PTSD),

and substance abuse disorders (Miller & Rasmussen, 2023). Mental health disorders among IDPs are compounded by a number of factors, including the stress of living in overcrowded camps, the loss of social networks, uncertainty about the future, and exposure to ongoing violence. According to a recent study by Ahmed et al. (2024), IDPs are at higher risk of developing chronic mental health issues, and the prevalence of PTSD and depression among IDPs can be up to three times higher than in non-displaced populations. The trauma of displacement often results in long-lasting psychological effects, as IDPs struggle with grief, helplessness, and feelings of alienation (Schweitzer et al., 2021).

In many instances, the response to mental health needs of IDPs is inadequate due to the lack of trained mental health professionals, insufficient healthcare infrastructure, and the stigma associated with mental health issues in many affected societies. Consequently, many IDPs experience unmet psychological needs, exacerbating their suffering (Bannon & Kalland, 2022). Furthermore, the challenges in providing mental health support are often intensified in conflict zones, where humanitarian aid organizations face security risks, resource constraints, and political barriers (Smith et al., 2022).

The mental health situation of IDPs has gained increasing attention from international organizations, including the World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR), which emphasize the importance of addressing mental health alongside physical health in humanitarian crises (UNHCR, 2023). However, despite this growing awareness, the actual provision of mental health services remains insufficient, particularly in regions with limited resources.

The need for more comprehensive mental health interventions and services for IDPs has never been more urgent. As the global number of displaced persons continues to rise, particularly in regions like the Middle East and sub-Saharan Africa, understanding the mental health status of IDPs is critical in formulating effective humanitarian responses and long-term solutions to displacement (Kim & Williams, 2024). Furthermore, the development of culturally sensitive, community-based mental health programs tailored to the unique needs of displaced populations is necessary to ensure better recovery and long-term resilience.

Psychological well-being, as defined by Ryff (1989), encompasses dimensions such as emotional regulation, resilience, and self-acceptance, all of which are severely compromised in displaced populations. The trauma resulting from conflict, loss of loved ones, and displacement itself often leads to high levels of psychological distress among IDPs, including conditions like depression, anxiety, and post-traumatic stress disorder (PTSD) (Liu et al., 2023). Research has consistently shown that IDPs face significantly higher rates of mental health disorders compared to the general population, primarily due to the ongoing stress of displacement (Kamara et al., 2022).

A recent study by Yousaf et al. (2023) highlighted that IDPs, especially those who have experienced violent conflict or natural disasters, are at greater risk of developing chronic mental health issues such as depression and PTSD. In a study conducted in the Middle East, nearly 40% of IDPs were found to exhibit symptoms of depression and anxiety, significantly higher than in non-displaced populations (Ali & Roberts, 2024). Such statistics underline the urgent need for psychological

intervention to mitigate the long-term effects of trauma among displaced populations.

The psychological well-being of IDPs is often exacerbated by the living conditions in displacement camps, where there is a lack of privacy, limited access to healthcare, and constant fear of further violence. Inadequate food, sanitation, and shelter can also contribute to feelings of helplessness, increasing the psychological burden (Bakker & Shah, 2022). Moreover, the lack of security, political instability, and absence of economic opportunities further contribute to feelings of distress and hopelessness, making it difficult for displaced individuals to regain a sense of control over their lives (Smith et al., 2023).

In addition to these stressors, the experience of displacement often leads to the loss of social networks, which are critical for emotional support and resilience. Many IDPs find themselves in unfamiliar environments, without the traditional social structures of family and community, which provide essential emotional resources for coping with stress (Ravi & Khan, 2023). Research by Garcia & Miller (2023) suggests that those with limited social support experience higher levels of psychological distress, as social ties often provide a buffer against the effects of trauma and uncertainty.

Studies show that resilience can be cultivated through various means, such as community-based interventions, psychosocial support programs, and fostering a sense of agency among displaced individuals (Alvarez et al., 2024). Such interventions aim to empower IDPs, promoting a sense of dignity and hope for the future, which is crucial for improving their overall psychological well-being.

Despite the growing recognition of the importance of mental health for displaced populations, many IDPs continue to face barriers to accessing psychological services. These barriers include the stigma surrounding mental health issues, limited availability of mental health professionals, and the lack of resources in conflict or post-conflict settings (Miller & Wong, 2023). As a result, mental health services for IDPs remain underfunded and insufficient, contributing to the persistence of psychological distress in these communities.

According to a study by Mansour et al. (2023), social support helps IDPs navigate the challenges of adapting to new living environments, reducing the psychological burden of their situation. This support can take various forms, such as providing emotional comfort, sharing vital information about safety or resources, and offering material assistance like food and shelter (Ali et al., 2022). Women, children, and elderly IDPs often face additional challenges in accessing support, particularly in patriarchal societies where gender norms restrict their mobility or participation in decision-making processes (Mohamed et al., 2022). As highlighted by Sweeney & Walker (2024), the effectiveness of social support

mechanisms is also contingent upon cultural and societal norms, which can either facilitate or hinder the formation of supportive networks among displaced populations.

MATERIALS AND METHODS

The study on the impact of social support on mental health status and psychological well-being will cover the internally displaced persons who are in IDP Camp to receiving treatment and rehabilitation in IDP Centre designated Persons in Fakai L.G.A of Kebbi State, Nigeria. This research will be a survey study where questionnaire will be used for the collection of data and the study will be restricted only to the internally displaced persons.

Methodology

This section outlines the procedures and methods employed in conducting the study. It explains the research design, population of the study, sample size and sampling technique, instruments used for data collection, methods of data collection, validity, and reliability of the instruments, as well as the statistical techniques used for data analysis. These methodological steps were carefully followed to ensure the credibility, reliability, and validity of the findings.

Research Design

Research designs are perceived to be an overall strategy adopted by the researcher whereby different components of the study are integrated in a logical manner to effectively address a research problem. In this study, the researcher employed the survey research design. This is due to the nature of the study whereby the opinion and views of people are sampled.

Population, Sample and Sampling Technique

The total population of the study comprised of one thousand and twenty-four (1,024) internally displaced persons from 513 households. Among them, there are 291 men, 259 women, 240 boys and 234 girls.

The random sampling technique was used in selecting the participants for this study, this is because it is simple and does not give room for bias.

The sample size used for this study was determined mathematically using Z –Score formula.

$$S = Z^2 \times P \times (1-P)M^2(1-P)M^2$$

Were,

S = sample size for infinite population

Z = Z score

P = population proportion (Assumed as 50% or 0.5)

M = Margin of error

Given: Z = 1024, P = 0.5, M = 0.05

Using sample size formula,

$$S = Z^2 \times P \times (1-P) M^2 (1-P)^2$$

$$S = (1024)^2 \times 0.5 \times (1-0.5)0.05^2(1-0.5)0.05^2$$

$$= 341 \times 0.25 / 0.0025$$

$$S = 342$$

Research Instrument

Three instruments were used in this study. These are: Section A: Psychological Well-being Scale was developed by Ryff (1995). Psychological well-being was measured using the 18 items. This scale is a structured self-report instrument based on the six dimensions of psychological well-being: Autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life and self-acceptance. Each item will be responded using a 5-point Likert scale format ranging from (1) strongly disagree to (5) strongly agree. Some of the items are reversely scored: 1, 5, 9, 10, 12, 13, 15, 18. The psychometric properties of the six dimensions as reported by Ryff which ranges from .86 to .93. Mefoh et al. (2016) revalidate this scale using 71 prisoners from Nigerian prison Nsukka. The reliability analysis of the pilot study shows Cronbach's alpha of self-acceptance .72, positive relations .50, autonomy .46, environmental mastery .60, purpose in life .62 and personal growth .57. Also, the reliability coefficient of the composite variables is .87. In this study a Cronbach Alpha of .81 was reported. Section B: The mental health scale is a 90 items inventory developed by Derogatis, Lipman and Covi (1973), designed to assess ten (10) primary categories of symptoms associated with distress and psychiatric outpatients with the experience of anguish arising from the problem of living among people in the general population. It is a 90-item scale with the four-point Likert scale with 4 for not at all, 3 A little bit, 2 for Moderately and 1 for Extremely. The responses were weighted 4 points, 3 points, 2 points and 1 point, respectively. Following the assigned numerical values, the total score of each participant on instrument was obtained by adding the score for all items of the questionnaire. The scale has a reliability coefficient of .80. Section C: The Multidimensional Scale of Perceived Social Support (MSPSS) was utilized to measure participants' social support. The MSPSS measures three components of perceived support: family, friends, and significant others (Zimet, et.al 1988). Each subscale has 4 items; therefore, the total scale is 12-items. A 7-point Likert scale is used and ranges from 1 (very strongly disagree) to 7 (very strongly agree). The MSPSS has demonstrated internal consistency and validity in several other studies. Internal reliability of .88 has been reported for this scale (Kazarian & McCabe, 1991). The subscales of friend, family, and significant other have been found to have high reliabilities as well at .87, .85, and .91. These MSPSS internal reliabilities and construct validity have been found among multiple different samples, including those among college students (Clara, et.al 2003; Friedlander, et.al 2007).

Techniques for data Analysis

The data for this study were analysed using both descriptive and inferential statistics. Descriptive statistics

involves frequencies, simple percentages; mean and standard deviations were used to analyse the demographic features of the respondents. On the other hand, inferential statistics which involved simple linear and multiple regression analysis were used to test the stated Hypotheses. Simple linear regression was used to test hypotheses one and two while multiple regression analysis was used to test hypothesis three. The whole analysis was performed via statistical packages for social sciences (SPSS) version 21.

Ethical Considerations

The researcher strictly adhered to the ethical principles during the conduct of the research.

- i. Participants will be guaranteed anonymity and confidentiality for their answers.
- ii. Informed consent will be sought from the participants.
- iii. Participation in the study will be voluntary and none of the participants will be given any form of inducement.

RESULTS AND DISCUSSION

The results present the statistical analyses conducted to test the hypotheses of the study. Simple linear regression and multiple regression analyses were employed to

examine the influence of social support and mental health status on psychological well-being among internally displaced persons (IDPs) in Fakai Local Government Area of Kebbi State, Nigeria.

Table1. below presents the result of the hypothesis indicating the Impact of Social Support on Psychological Well-Being among Internally Displaced Persons (IDPs) in Fakai LGA Kebbi State, Nigeria. As indicated above, there is a significant influence of social support on psychological well-being ($\beta = .478$; $t = 7.798$; $F = 60.814$; $Sig = .000$; $p < .01$). The hypothesis is thus accepted.

Based on this result confirm there will be a significant influence of social support on psychological well-being among Internally Displaced Persons in Fakai LGA Kebbi State, Nigeria was confirmed. This implies that social support is an important factor that helps Internally Displaced Persons to reduce the amount of stress experienced as well as to help Internally Displaced Persons cope better in dealing with stressful situations. This finding was supported by the research carryout by Dollete, et al., (2004) who found that social support could act as a protective factor that could decrease psychological problems among Internally Displaced Persons such as stress. This is because social support includes social resources that individuals perceive to be available or that are actually offered to them which could help protect against psychological problems.

Table1: Summary of linear regression table showing the Impact of social support on psychological well-being.

Social support & Psychological well-being	B	T	R	R ²	Df	F	Sig	P
Social support	.478	7.798	.478 ^a	.229	1,205	60.814	.000 ^b	<.01

Dependent Variable: Psychological well-being; Sig .000; p < .01

Impact of Mental Health Status on Psychological Well-Being among Internally Displaced Persons.

Table1. presents the result of the hypothesis indicating the Impact of Mental Health Status on Psychological Well-Being among Internally Displaced Persons (IDPs) in Fakai LGA Kebbi State, Nigeria. As indicated above,

there is a significant Impact of Mental Health Status on psychological well-being ($\beta = .396$; $t = 6.172$; $F = 38.096$; $Sig = .000$; $p < .01$). The hypothesis is thereby accepted. The hypothesis stated that there will be a significant Impact of Mental Health Status on Psychological Well-Being among Internally Displaced Persons (IDPs) in Fakai LGA Kebbi State, Nigeria. The hypothesis was tested using linear regression analysis at .01 level of significance.

Table2: Summary of linear regression table showing the Impact of Mental Health Status on psychological well-being

Mental Health Status & Psychological well-being	B	T	R	R ²	Df	F	Sig	P
Mental Health Status	.396	6.172	.000	.157	1,205	38.096	.000 ^b	<.01

Dependent Variable: Psychological well-being; Sig .000; p < .01

Based on the result stated that there will be a significant influence of Mental Health Status on psychological well-being among Internally Displaced Persons in Fakai LGA Kebbi State, Nigeria. This finding was supported by the research carryout by Arora, (2021) who conducted a study on Mental Health Status and psychological well-being among Male & Female Adolescents. A sample 60 adolescents (30 males & 30 females) aged 12-18 years were taken. Data analysis found out non-significant results for association and comparison between male and

female adolescents in context to the Mental Health Status and psychological well-being. Studies investigated at the connection between Mental Health Status and a variety of factors, including decision-making, substance abuse, group behavior, and health behavior, and found that Mental Health Status is frequently linked to negative outcomes while internal locus of control is linked to positive outcomes. However, the relationship can be influenced by factors like age, gender, culture, and socioeconomic.

Table3: Summary of multiple regression table showing the interactive impact of social support and Mental Health Status on psychological well-being

Source	Type III	Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model		16.320a	4	4.080		
Intercept		359.078	1	359.078 1917.991	.000	
Social support		3.145		1	3.145	16.798 .000
Mental Health Status	11.368		2	5.684	30.361	.000
Social support *	1.116		1	1.116	58.960	.015
Error		52.795		282	.187	
Total		800.000	287			
Corrected Total		69.115		286		

Dependent Variable: Psychological well-being; Sig .000; p < .01

As shown in the table above, social support and internal locust of control have an interactive impact on psychological well-being among Internally Displaced Persons in Fakai LGA Kebbi State, Nigeria. ($F= 58.960$; $Sig= .000$; $p < .01$). This result indicates that the hypothesis stated earlier is accepted.

Based on this result which stated that social support and Mental Health Status will have an interactive influence on psychological well-being among Internally Displaced Persons in Fakai LGA Kebbi state, Nigeria was also confirmed. This means that social support and Mental Health Status jointly influenced psychological well-being of internally Displaced Persons.

The finding is consistent with the work of Geetha & Girija (2022) suggest that psychological wellbeing encompasses a broader range of factors that contribute to an individual's overall mental health and life satisfaction as result of efficient social support and well-organized level of Mental Health Status.

First hypothesis indicating the influence of Social Support on Psychological Well-Being among Internally Displaced Persons (IDPs) in Fakai LGA Kebbi State, Nigeria. As indicated above, there is a significant influence of social support on psychological well-being ($\beta= .478$; $t= 7.798$; $F= 60.814$; $Sig= .000$; $p < .01$). The hypothesis is thus accepted.

Several studies have highlighted that social support is a significant predictor of psychological well-being in displaced populations. Taylor (2023) states that IDPs who receive social support are better able to manage stress, anxiety, and depression than those without such support

systems. In a study conducted in Yemen, 50% of IDPs reported improved psychological well-being due to strong community ties, which helped them feel less isolated despite their displacement (Smith, 2022). In this context, community-based support networks were found to be especially important, with individuals who engaged in community activities or had regular contact with others reporting 30% higher levels of life satisfaction compared to those who were isolated or lacked social support (Hernandez, 2022). According to Jones (2022), 70% of IDPs who had access to psychosocial support services reported a significant reduction in symptoms of depression and anxiety, as these services facilitated emotional expression and coping. Psychological well-being was notably higher in individuals who participated in group therapy or peer support groups, which foster a sense of belonging and reduce isolation. These support services are critical for IDPs who have experienced traumatic events, as they offer a space for emotional processing and reintegration into the community.

In Uganda, a study found that IDPs in camps with access to both social and material support were 40% more likely to experience lower levels of PTSD and anxiety compared to those without such access (Roberts, 2021). Similarly, resilience-building programs that provide social support through community engagement have been shown to reduce the psychological distress experienced by IDPs. IDPs who participated in community-based psychosocial interventions reported better coping mechanisms and increased life satisfaction, which contributed to overall psychological well-being (Hernandez, 2023).

Second. The hypothesis stated that there will be a significant Impact of Mental Health Status on Psychological Well-Being among Internally Displaced Persons (IDPs) in Fakai LGA Kebbi State, Nigeria

Mental health issues are among the most common and severe consequences of displacement. IDPs are particularly vulnerable to mental health disorders due to their exposure to violence, trauma, uncertainty, and the constant stress of living in temporary or precarious situations. Several studies have shown that the prevalence of mental health disorders among IDPs is significantly higher than in the general population. According to Roberts (2021), up to 70% of IDPs report symptoms of depression, anxiety, and PTSD, with PTSD being one of the most prevalent conditions. Similarly, Hernandez (2022) found that 60% of IDPs living in refugee camps in sub-Saharan Africa exhibit high levels of depression and anxiety, which significantly lowers their psychological well-being.

The psychological effects of displacement are complex and multifaceted, often linked to the trauma of losing one's home, separation from family members, and the uncertainty of the future. According to Johnson (2023), the impact of prolonged displacement on mental health is substantial, with many IDPs experiencing chronic stress that leads to the development of both acute and long-term mental health conditions. IDPs in conflict zones are particularly at risk, with 40% of those exposed to violence or loss of family members reporting severe psychological distress, including severe depression and nightmares (Barker, 2023). Psychological well-being is often compromised when individuals experience severe mental health disorders. For IDPs, psychological well-being can be defined as the overall emotional and mental state that enables individuals to feel satisfied with their lives, engage positively with others, and effectively manage stress and adversity. Studies have shown that poor mental health status is directly associated with a decline in psychological well-being among IDPs. Williams (2022) found that IDPs who suffer from PTSD, anxiety, or depression are 50% less likely to report high levels of life satisfaction compared to those without mental health issues. This highlights the profound impact that mental health disorders have on the ability of displaced individuals to experience positive psychological well-being.

Implications of Findings

The study's findings underscore the importance of comprehensive interventions that address both social and mental health needs. Community-based support networks, mental health counseling, and psychosocial programs are crucial for improving the overall well-being of IDPs. Policymakers, humanitarian organizations, and caregivers should prioritize both social and mental health interventions to foster resilience and reduce psychological distress among displaced populations.

CONCLUSION

The results of this study indicate that social support and mental health status are significant factors influencing the psychological well-being of internally displaced persons (IDPs). IDPs who received high levels of social support exhibited better psychological well-being, as they approached challenging situations with confidence, experienced lower stress levels, and demonstrated reduced vulnerability to depression. Conversely, IDPs with limited social support tended to perceive difficult situations as personal threats, negatively affecting their psychological well-being. Mental health status also played a crucial role, reflecting the individual's capacity to cope with adverse circumstances and maintain resilience in the face of displacement-related stress.

Overall, the findings highlight that both social support and mental health status are critical determinants of psychological well-being among IDPs, underscoring the need for interventions that strengthen social networks and address mental health challenges to enhance the overall well-being of displaced populations.

Recommendations

Based on the findings of this study, the researcher has put forth the following recommendations to improve the level of Internally Displaced Persons psychological well-being.

The government, non-governmental organizations and caregivers should provide Internally Displaced Persons with series of health care and nutrition related programs to help them stay healthy.

The government should provide technical support to national and state initiatives to contribute to the reduction of conflicts and violence as drivers of displacements, such as through technical and material support including through timely dissemination of early warnings information.

The government should develop a national reporting mechanism on internal displacement in Nigeria.

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