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Family Cohesion, Distress Disclosure, Retirement Adjustment, Social Support, and Mental Health Status of Retirees in Nigeria

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Abstract- The study investigated individual, and joint contribution effect of family cohesion, distress disclosure, retirement adjustment, and social support to the mental health status of retirees in Ondo State. Survey research design was used in the study. The population comprises all teacher retirees from the public primary and secondary schools in the State. A sample of n = 115 was purposively drawn from retirees in two Local Government Areas in the State. Two hypotheses guided the study. The results showed that family cohesion has a positive significant effect (Beta weight = 0.621, R^2 =0.386, F-value = 71.636, p-value = 0.000< 0.05), while distress disclosure has a negative significant effect (Beta weight = -0.221, R^2 =0.049, F-value = 5.86, p-value = 0.017< 0.05) on the mental health status of the retirees. Further results showed that retirement adjustment has a positive significant effect (Beta weight = 0.418, R^2 =0.175, F-value = 24.126, p-value = 0.000< 0.05) while social support has a non-significant effect (Beta weight = 0.022, R^2 =0.000, F-value = 0.054, p-value = 0.817> 0.05) on the mental health status of the respondents.

Keywords: *mental health, family cohesion, distress disclosure, retirement adjustment, social support, retirees.*

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Family Cohesion, Distress Disclosure, Retirement Adjustment, Social Support, and Mental Health Status of Retirees in Nigeria

Olatomide, Onijuni Olufemi [α], Yusuf Olayinka Shogbesan [σ] & Subair, S. 'Tayo [ρ]

Abstract- The study investigated individual, and joint contribution effect of family cohesion, distress disclosure, retirement adjustment, and social support to the mental health status of retirees in Ondo State. Survey research design was used in the study. The population comprises all teacher retirees from the public primary and secondary schools in the State. A sample of n = 115 was purposively drawn from retirees in two Local Government Areas in the State. Two hypotheses guided the study. The results showed that family cohesion has a positive significant effect (Beta weight = 0.621, R^2 =0.386, F-value = 71.636, p-value = 0.000< 0.05), while distress disclosure has a negative significant effect (Beta weight = -0.221, R^2 =0.049, F-value = 5.86, p-value = 0.017< 0.05) on the mental health status of the retirees. Further results showed that retirement adjustment has a positive significant effect (Beta weight = 0.418, R^2 =0.175, F-value = 24.126, p-value = 0.000< 0.05) while social support has a non-significant effect (Beta weight = 0.022, R^2 =0.000, F-value = 0.054, p-value = 0.817> 0.05) on the mental health status of the respondents. Additional results showed existence of a significant joint effects of family cohesion, distress disclosure, retirement adjustment, and social support (R = 0.652, R^2 =0.426, F-value = 20.565, p-value = 0.000< 0.05) on the mental health status of the retirees. It is recommended, among others, that during pre-retirement and post-retirement phases, administrators and retirement counsellors should deservedly emphasize the roles of family cohesion, distress disclosure, retirement adjustment, and social support to retirees' positive mental health.

Keywords: mental health, family cohesion, distress disclosure, retirement adjustment, social support, retirees.

I. Introduction

Mental health basically explains individual's ability to think rationally and logically in order to cope with life transitions, traumas, stress, and losses in individual's life trajectories thus leading to emotional stability and growth (Mental Health Education Resource Centre, [MHERC], 2020). Traditionally, mental health has been described to mean absence of psychopathology, wherein people were believed to be either mentally healthy or mentally ill, but it is today acknowledged that absence of psychopathology does not translate into presence of positive mental health (Lukat, Margrat, Lutz, Van der Veld, & Becker, 2016). Positive Mental Health (PMH) is the presence of main features of social, emotional, and psychological wellbeing (Lukat *et al*., 2016). Thus, the supportive role of PMH in assisting people to navigate critical stages of life trajectories, especially for retirees, should be a concern to administrators, personnel managers, career counsellors and gerontologists.

Retirement is the terminal phase in a person's occupational life cycle that shows the period following career employment in which occupational tasks are discarded (Atchley, 1976). More recently, Olatomide (2020a) explained retirement as the cessation of work by a worker from the work that has occupied the individual for quite some time, due to organisational or personal reasons, whether or not retirement entitlements would follow. Similarly, Subair, Olusegun and Aliyu (2021) viewed retirement as a necessary end which could either be exciting, delightful, pleasurable, thrilling, something to look forward to or time of psychological stress and boredom. They further explained this to be a period of detachment from primary activity in business, industry, or active service as full-time employee. However, empirical studies show contrasting findings on the exact nature of relationship between retirement and mental health. Scholars such as Nuttman-Shwartz (2004) as well as Manty, Kouvonen, Lallukka, Lahti, Lahelme, and Rahkonen (2018) established positive relationship between retirement and mental health, while Hyde, Ferrie, Higgs, Mein, and Nazroo (2004), including Dave, Rashad, and Spasjevic (2008) found negative relationship. Much earlier, in-between the two extremes, Yeung (2013) could not establish any relationship. Thus, investigating the effect of retirement on physical and mental health outcomes among American retirees aged 50 and 75, Dave *et al*, (2008) established that complete retirement yields increase in number of mobility difficulties, rise in the number of difficulties in daily activities, rise in the number of illnesses, and increase in mental health problems, such as depression, among other findings. Relatedly, Picchio and Ours (2020) investigated how retirement could affect mental health among the Dutch and found that at retirement, the

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mental health rises significantly for men and their spouse whereas when women retire, their retirement has less noticeable effect on the women and their spouse's mental health; and in contrast, single men who retired demonstrated decrease in general mental health wellness.

Generally, in Nigeria, 20% to 30% of the population are assumed to suffer mental disorders (Onyemelukwe, 2016), which percentage is huge considering that Nigeria has just over 200 million populations, and misconceptions about mental health issues are unabatedly high even though the attention accorded it is poor (Suleiman, 2017). Furthermore, Eje, Igbokwu, and Onoja (2020) investigated the state of depression, anxiety, and stress among retirees in Kogi State and found that the retirees' level of depression, anxiety, and stress was severe. In that connection, many constructs might predict the mental health status of retirees. One of these is family cohesion, described by Weischman, Rosales, Kymalainen, and Armesto (2005) as the degree of love, commitment, assistance and support shared among family members. Weischman *et al*., (2005) found that patients' perception of their family as cohesive, supportive, and unified is associated with higher emotional wellbeing for patients and their family members in managing schizophrenia, and also associated with reduced psychiatric symptoms (presence of positive mental health) in patients.

Aside from family cohesion, distress disclosure may also predict peoples' mental health status. Distress disclosure describes an individual's disposition to talk about their problems and distressing moments to others (Kahn & Hessling, 2001). In a study, Kahn and Hessling found that frequent concealment (rare self-disclosure) of distress and constant self-disclosure (rare concealment) of distress has been found to predict changes in self-esteem, perceived social support, and life satisfaction.

Besides distress disclosure, retirement adjustment might predict a retiree's mental health status. Retirement adjustment explains the level to which retirees harness available resources and opportunities provided by post-work life to meet their various competing daily needs in order to attain retirement happiness, fulfilment, and wellness (Olatomide, 2017). Fleischmann, Xue, and Head (2020) investigated how retirement might influence mental health for those transiting into retirement and after their retirement and found that retirement has improvement in the mental health status of retirees. Specifically, they found that retirement brings about changes in mental health as mental health of people slightly improves each year prior to retirement while at retirement and up to three years thereafter, people experience a sharp increase in mental health every year, but following the third year, mental health slightly but insignificantly wanes each year.

Similarly, the degree of social support received by an individual may influence their mental health status. Social support expresses the nature and standard of social relationship in the form of perceived existing help or support practically received from significant others (Schwarzer & Knoll, 2007), which could be instrumental or tangible (such as goods, solve a problem), informational (giving of advice), as well as emotional (in form of emphatic listening, offering assurances) (Schwarzer, Knoll, & Rieckmann, 2004). Researchers such as Camara and Padilla (2017) and Isubale, Stein, Webster, and Wadman (2019) found that social support is positively related to the mental health of individuals and their quality of life by assisting them to feel valued, while Bukhari and Afzal (2017) established that absence of social support shows significant negative relationship between social support and psychological disorders such as stress and depression. Lending credence to this is Subair, Olusegun and Aliyu (2021) who found poor safety nets as major contributions to retirees' painful experiences after retirement among teachers in Nigerian schools. To them, safety nets in the context of their empirical study implies any form of social package from government or through self-efforts which could enhance living standards of retirees.

Most retirees in Nigeria are relatively old, having mandatorily retired at the age of 60, and according to Gureje, Kola, Afolabi, and Olley (2008), old age naturally produces health challenges and reduced functional capacity which negatively affect their wellbeing. In addition, the emergence of COVID-19 brought uncommon hardship on the citizenry, including the retirees. In a study, Olatomide (2020b) found that the COVID-19 pandemic brought economic hardship on the finances of retirees in Ondo State such as cut in their monthly pension by Ondo State Government, increased domestic dependants, and tenants' inability to pay their rents to retiree landlords, among other findings. There is the need therefore, to investigate the mental health status of retirees in the country, as well as how family cohesion, distress disclosure, retirement adjustment, and social support might influence their mental health status. In that connection, the objectives of the study are to investigate the individual, and joint influence of family cohesion, distress disclosure, retirement adjustment, and social support on the prediction of the mental health status of the participants.

a) *Research Hypotheses*

Hypothesis One: There is no significant composite effect of each of family cohesion, distress disclosure, retirement adjustment, and social support on the mental health status of retirees in Ondo State.

Hypothesis Two: A combination of family cohesion, distress disclosure, retirement adjustment, and social support will not significantly predict the mental health status of retirees in Ondo State.

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II. Methodology

The research design used for the study is descriptive survey. The population consists of all retirees from public primary and secondary schools in Ondo State, Nigeria. The population of the participants could not be ascertained arising from irregular attendance at meetings, and death of members. The sample size was 116 selected through multi-stage sampling technique. In the first stage, convenience sampling was used to select two Local Government Areas from the 18 Local Government Areas in the State. In the second stage, purposive sampling was used to select two meeting venues (one primary and one secondary) from each of the two Local Government Areas. While intact sampling was used to select the attendees at the meetings, many other copies of the questionnaire were dropped with the retirees' executives to be administered on their members.

a) Measures

i. *The Positive Mental Health Scale*

The Positive Mental Health Scale (PMH-scale) was developed by Lukat, Margrat, Lutz, Van der Veld, and Becker (2016). The PMH-scale is a short, unidimensional 9-item self-report scale that measures the mental health in a variety of groups – students, patients, population with mental health problems, and those without mental health problems. The items are rated on a Likert-type scale ranging from 1 to 4. Two examples of the items on the scale read: "I manage well to fulfil my needs", and "Much of what I do brings me joy". Higher scores on the scale shows a greater level of positive mental health while lower scores convey lower degree of positive mental health. The overall internal consistency of the groups yielded Cronbach's alpha of 0.93. Finally, the unidimensionality structure of the scale indicates that it is a good measure of a single concept – positive mental health. In the present study, the response options were modified to range from Strongly Disagree (1) to Strongly Agree (4). The modification was needful to align the wordings in the options with other scales used in the study. In the modified scale, the Cronbach's alpha was 0.85 for the entire scale.

ii. *Family Cohesion Scale*

The Family Cohesion Scale is a subset of Family Environment Scale (FES) developed by Moos and Moos (1981). The FES is a 90-item True-False questionnaire that measures family members' perception of their family environment. The Family Cohesion Scale (FCS) was adapted and used in this study to investigate family unity, commitment, support and help offered by family members. The original subscale has 9 items, rated on True and False response options. Two examples of the items on the subscale are "In our family we really help and support each other", and "In our family there is a feeling of togetherness". Higher scores on the subscale shows greater family cohesion while lower scores indicate poor family cohesion. The overall internal reliability consistency of the subscale yielded a Cronbach's alpha of 0.78. Weischman, Rosales, Kymalainen, and Armesto (2005) used similar scale and got a Cronbach value of 0.63, while Fok, Allen, Henry, and Team (2013) employed the same subscale and got a Cronbach's value of 0.83 in their studies. In the present study, some modifications were made on the subscale. First, the items were increased from 9 to 15 to reflect some peculiar features of family cohesion known among the retirees' families but not covered in the original subscale. Second, the response options were modified from True-False to a 4-point Likert response options ranging from Strongly Disagree (1) to Strongly Agree (4). In the modified scale, the Cronbach's alpha was 0.92 for the entire scale.

iii. *Distress Disclosure Index*

The Distress Disclosure Index (DDI) was developed by Kahn and Hessling (2001). The DDI is a 12-item questionnaire that measures the individual's disposition to disclose their distressing information to significant others. The items are rated on a 5-point Likert-type scale ranging from Strongly Agree (5) to Strongly Disagree (1). Two examples of the items on the scale read: "When I feel upset, I usually confide in my friends", and "If I have a bad day, the last thing I want to do is talk about it". Higher scores on the scale shows a greater disposition to disclose stress to others while lower scores indicate unwillingness to reveal experience of stress. The Cronbach's alpha of the scale was 0.92 at Time 1 and 0.95 at Time 2 of use. In the present study, the response options were modified to range from Strongly Disagree (1) to Strongly Agree (4). The modification was needful to remove the undecidedness in the original scale. In the modified scale, the Cronbach's alpha was 0.81 for the entire scale.

iv. *Retirement Adjustment Scale*

The Retirement Adjustment Scale (RAS) was developed by Adeyemo and Olatomide (2017). The RAS is a 21-item questionnaire that measures the level to which retirees are experiencing retirement wellness. The items are rated on a 4-point Likert-type scale ranging from Strongly Agree (4) to Strongly Disagree (1). Two examples of the items on the scale read: "My retirement entitlements are paid as and when due", and "I feel happy that I ever worked in civil/public service". Higher scores on the scale shows a higher level of retirement adjustment while lower scores are indications of poor adjustment to retirement. The overall internal consistency of the scale produced a Cronbach value of 0.78. In the present study, the entire scale was adopted for use, and the Cronbach alpha of 0.58 was obtained.

v. *Multidimensional Scale of Perceived Social Support*

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet, Dahlem,

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Zimet, and Farley (1988). The scale is a 12-item questionnaire that measures the level of support received from significant others. The items are rated on a 7-point Likert-type scale ranging from Very Strongly Disagree (1) to Very Strongly Agree (7). The scale comprises of three factors of support, namely support from family, support from friends, and support from others. An example of item measuring support from family is "I get the emotional help and support I need from my family", one on friends reads "I can talk about my problems with my friends", while an example of item measuring support from others indicates "There is a special person in my life who cares about my feelings". Higher scores on the scale shows a greater level of received support from significant others while lower scores are an indication of lower support from significant others. The overall internal consistency of the scale was 0.92. The scale as recently used and a Cronbach's alpha of 0.71 obtained in the present study, the response options were modified to range from Strongly Disagree (1) to Strongly Agree (4). The modification was to erase what appeared confusing to the respondents after the initial pilot testing on a fraction of the respondents. In the modified scale, the Cronbach's alpha was .885 for the entire scale. Prior to meeting the retirees in their meeting venues, the researchers had privately spoken with the Chairman or Secretary on phone, asking for their permission to administer copies of questionnaire on their members, and when to meet them. Having gained their approval, the researchers formally met them at the meeting venues. During face-to-face interactions with the retirees, the retirees were intimated with the purpose of the study, sought and obtained their consent to participate in the study. Having sampled the retirees present at the meetings, the executives collected some copies of the questionnaire for their members who were absent, but gave a later date for the researchers to collect the filled-out questionnaires. It took 4 months to collect the data- February to May, 2021. The data collected were analyzed using both descriptive and inferential statistics.

III. Results

Hypothesis One: There is no significant interaction effect of family cohesion, distress disclosure, retirement adjustment, and social support on the mental health status of retirees. To test the hypothesis, simple regression analysis was used. The results are presented in Table 1.

Table 1: Simple regression analysis showing the interaction effect of family cohesion, distress disclosure, retirement adjustment, social support on the mental health status of retirees

R=0.621 R^2 =0.386 Adj.R^2= 0.381 F-Value= 71.636 P-Value= 0.000	Unstandardised Coefficients B	 Std. Error	Standardised Coefficients Beta	T	p-value
(Constant)	8.818	2.314		3.810	.000
Family cohesion	.436	.052	.621	8.464	.000

R=0.221 R^2 =0.049 Adj.R^2= 0.491 F-Value= 5.86 P-Value= 0.017	Unstandardised Coefficients B	 Std. Error	Standardised Coefficients Beta	T	p-value
(Constant)	35.216	3.005		11.720	.000
Distress disclosure	-.229	.094	-.221	-2.421	.017

R=0.418 R^2 =0.175 Adj.R^2= 0.167 F-Value= 24.126 P-Value= 0.000	Unstandardised Coefficients B	 Std. Error	Standardised Coefficients Beta	T	p-value
(Constant)	12.480	3.211		3.886	.000
Retirement adjustment	.271	.055	.418	4.912	.000

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R=0.022 R^2 =0.000 Adj.R^2= -0.008 F-Value= 0.054 P-Value= 0.817	Unstandardised Coefficients		Standardised Coefficients	T	p-value
	B	Std. Error	Beta		
(Constant)	27.282	3.393		8.041	.000
Social support	.023	.097	.022	.233	.817

a. *Dependent Variable: Mental health status of retirees*

From Table 1, the results of the simple regression show that family cohesion has a positive significant effect on mental health status of retirees (Beta weight = 0.621, R^2 =0.386, F-value = 71.636, p-value = 0.000< 0.05). There also exists a negative significant effect of distress disclosure on mental health status of retirees (Beta weight = -0.221, R^2 =0.049, F-value = 5.86, p-value = 0.017< 0.05). Furthermore, the results show that retirement adjustment has a positive significant effect on retirees' mental health status (Beta weight = 0.418, R^2 =0.175, F-value = 24.126, p-value = 0.000< 0.05). Moreover, there exists a non-significant effect of social support on mental health status of retirees (Beta weight = 0.022, R^2 =0.000, F-value = 0.054, p-value = 0.817> 0.05). Hence It can thus be concluded that there exists a positive independent interaction effect of family cohesion and retirement adjustment on the mental health status of retirees while a negative independent interaction effect existed between distress disclosure and mental health status of retirees. However, there was not significant interaction effect of social support on mental health status of retirees.

Hypothesis Two: A combination of family cohesion, distress disclosure, retirement adjustment, and social support will not significantly predict the mental health status of retirees. To test the hypothesis, multiple regression analysis was used. The results are presented in Table 1.

Table 2: Multiple regression analysis showing the combination effect of family cohesion, distress disclosure, retirement adjustment, social support on the mental health status of retirees.

R=0.652 R^2 =0.426 Adj.R^2= 0.405 F-Value= 20.565 P-Value= 0.000	Unstandardised Coefficients		Standardised Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	12.022	4.250		2.828	.006
Family cohesion	.397	.061	.566	6.518	.000*
Distress disclosure	-.217	.087	-.209	-2.480	.015*
Retirement adjustment	.040	.057	.062	.696	.488
Social support	.087	.086	.083	1.004	.318

a. *Dependent Variable: Mental health status of retirees * Significant*

From the results of the multiple regression in Table 2, there exists a significant combination effect of family cohesion, distress disclosure, retirement adjustment, and social support on mental health status of retirees (R = 0.652, R^2 =0.426, F-value = 20.565, p-value = 0.000< 0.05). In the model, however, family cohesion contributed positively and significantly (Beta weight = 0.566, p-value = 0.000< 0.05) while distress disclosure contributed negatively and significantly (Beta weight = -0.209, p-value = 0.015< 0.05) to mental health status of the retirees. Retirement adjustment (Beta weight = 0.062, p-value = 0.488> 0.05) and social support (Beta weight = 0.083, p-value = 0.318> 0.05), however, do not have combined significant contribution effect on the mental health status of retirees. It can thus be concluded that there exists a significant combination effect of family cohesion, distress disclosure, retirement adjustment, and social support on mental health status of retirees, with family cohesion contributing positively while distress disclosure contributed negatively in the predictive model.

IV. Discussion of Findings

Hypothesis one asserted that there would be no significant interaction effect of each of family cohesion, distress disclosure, retirement adjustment, and social support on the mental health status of retirees in Ondo State. The findings reveal a positive independent interaction effect of distress disclosure, family cohesion, and retirement adjustment relatively contributing the highest, higher, and least influence to retirees' mental health, whereas social support shows no significant

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individual interaction effect on the retiree's mental health. The contributory leading role being played by distress disclosure to the retirees' mental health makes an interesting commonsense finding. For, retirees are likely to reveal whatever hardship and worries currently afflicting them to significant others, knowing that they are elderly and somewhat fragile. In fact, there is a saying among the elderly in the study area that "*Bo mi mora kin pa e, tu asiri mi kin fi e sile ni oruko aisan*", meaning "*conceal me and let me kill you, reveal me and let me leave you is the name for sickness*". Perhaps, that must extend to psychological worries and emotional distress among the elderly. Thus, the disposition to voluntarily inform others about their pressing worries and discomfort is a great antidote to negative or poor mental health on the one hand, and a positive mental health booster on the other hand to the retirees.

Next to distress disclosure is the role of family cohesion, in the contribution to the positive mental health of the retirees. The finding is also interestingly expected. Notably, the family can be considered as the most significant source of happiness to individuals with supportive homes. In fact, Elaine (2004) in Olatomide, Shobola, and Omoyemiju (2012) considers meeting the economic needs of family members, provision of affective and emotional needs of members, socialisation, to list a few, as the common functions of a family. Relatedly, where a retiree had practically involved their family members to actively partake in their retirement goals and actions, they will likely be supportive at retirement, and that may enhance their cohesiveness in the family, which ultimately could positively contribute to the retirees' mental health.

Similarly, the finding that established a positive contribution of retirement adjustment is heartwarming because the extent to which the retirees have been able to maximise available opportunities and resources to enhance their retirement wellbeing should be positively related to their mental health status. The finding is in agreement with the finding of Fleischman *et al*., (2020) who established a positive association between retirement and mental health. The finding is also similar to the finding of Olatomide (2020c) who established a higher contribution of psychological wellbeing to retirees' retirement adjustment (with social support and pre-retirement guidance contributing the highest and least respectively).

The finding that shows absence of significant individual interaction effect of social support on mental health status of the retirees appears contrary to general expectations, judging that support from significant others garnered by retirees should positively influence their mental health status. However, considering that distress disclosure, family cohesion, and retirement adjustment have each contributed to their mental health, their individual contribution may have because so colossal to make the significant contribution of social support largely unnoticed.

Research hypothesis two stipulated that a joint influence of family cohesion, distress disclosure, retirement adjustment, and social support will not significantly predict the mental health status of retirees in the State under investigation. The hypothesis was not supported. Rather, the findings show existence of a significant combination effect of family cohesion, distress disclosure, retirement adjustment, and social support on retirees' mental health status. Thus, when linked to the earlier findings on the individual contribution of family cohesion, distress disclosure, retirement adjustment, and social support on retirees' mental health status, even though retirement adjustment contributed the least influence while social support had no significant interaction effect, this finding has shown that a combination of family cohesion, distress disclosure, retirement adjustment, and social support could positively impactfully predict retirees' mental health status.

V. Conclusion and Recommendations

From the findings of the study, it can be concluded that retirees' positive mental health could be potentially bolstered by a combination of family cohesion, distress disclosure, retirement adjustment, and social support. On the basis of the findings and the conclusion, it is recommended that during pre-retirement orientation and at the time of transition into retirement, career and retirement counsellors should stress the indispensable role of a united and supportive home, emphasize the relevance of exhibiting positive disposition toward revealing ongoing worries, and discomforts, the need to maximize post-retirement opportunities and resources toward retirement wellbeing, as well as skillfully harnessing support from friends, colleagues, and other significant others - to retirees' positive mental health. These can help them in no small measure to take decisions based on reason rather than emotions in order to successfully manage life traumas and stresses, thus enhancing their emotional growth and stability. Similarly, in the presence or absence of comprehensive face-to-face interviews with retirees, administrators and retirement counsellors should employ mental health screening tools to assist them in identifying retirees with mental health disorders with a view to offering immediate intervention upon which referral could follow, where necessary.

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