



Mental Retardation in the Elderly: Mitigating the Issues with Cognitive Behavioural Therapy for the Elderly in Rivers State

Nene Comfort EGUMAH-NYEMSDUKE, Ph.D.

Department of Home Economics, Hospitality and Tourism, Faculty of Vocational and Technical Education, Ignatius Ajuru University of Education, Port Harcourt, River State

Abstract: The study assessed mental retardation in the elderly, mitigating the issues with cognitive behavioral therapy for the elderly in Rivers State. Expost-facto survey design was used in carrying out the study. The study was conducted in Rivers State. The population of the study comprises of all home economists and psychologists in Rivers State. Simple random sampling technique was used to select 40 respondents (20 psychologists and 20 economists) from each of the three senatorial district which gave a total of 120 respondents used for the study. The instrument used for data collection was a structured questionnaire tagged “MENTAL RETARDATION and COGNITIVE BEHAVIOURAL THERAPY QUESTIONNAIRE (MRCBTQ). To ascertain the face and content validity, the instrument was presented to the researcher’s supervisor and one expert in test and measurement and evaluation. A reliability coefficient result of 0.81 was obtained and that caused the instrument to be reliable for the study as the result was substantially high enough for use of the instrument in the study. The study revealed that with the global aging trend, the prevalence of cognitive impairment among seniors has gained prominence. Cognitive-behavioral therapy often incorporates activities that target problem-solving skills, encouraging individuals to think critically and work through challenges. For elderly individuals with intellectual disabilities, these interventions can enhance their adaptive problem-solving abilities. It also revealed that as the elderly face cognitive decline, it does not only affect their quality of life but also places a strain on healthcare systems. A well-established psychotherapeutic approach has shown promising results in addressing cognitive impairments and enhancing overall mental well-being in various age groups. In conclusion, there is very high extent mental retardation among most elderly in Rivers State. It could also be concluded that the major cause of mental retardation experienced by the elderly Medication side effects. Also, the major effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly Cognitive Stimulation and Rehabilitation. One of the recommendations made was that community campaigns should be launched to raise awareness about mental health issues among the elderly, emphasizing the effectiveness of cognitive behavioral therapy (CBT) in mitigating cognitive challenges.

Keywords: Mental Retardation, Elderly, Cognitive Behavioral Therapy and Rivers State.

Introduction

Nowadays known as intellectual disability, mental retardation poses a serious threat to public health, especially for the elderly. The frequency of cognitive impairment in seniors has become more prominent with the worldwide aging trend. This problem is made worse in Rivers State, Nigeria, by a number of variables, such as older individuals' lack of knowledge about mental health, socioeconomic difficulties, and restricted access to healthcare. Cognitive decline in the elderly affects not only the patients' quality of life but also the healthcare systems. The mitigation of cognitive impairments in the aged is a complex problem requiring all-encompassing approaches. Cognitive behavioral therapy

(CBT), a well-established psychotherapeutic approach, has shown promising results in addressing cognitive impairments and enhancing overall mental well-being in various age groups.

By examining the potential of cognitive-behavioral therapy as an intervention for elderly people in Rivers State who are experiencing cognitive problems, this study seeks to close this important gap. The research will look at the sociocultural elements that affect older people's mental health and investigate how CBT might be customized to fit their particular requirements (Beck & Dozois, 2011). The project seeks to develop culturally sensitive and effective cognitive behavioral therapy (CBT) interventions for elderly patients in Rivers State by taking into account the cultural environment and local viewpoints (World Health Organization, 2017). In addition to being important from an academic standpoint, this research has real-world ramifications for Rivers State legislators, healthcare professionals, and community leaders. By understanding and addressing the specific challenges faced by the elderly population in the region, this study seeks to contribute to the development of targeted interventions that can improve the mental well-being of the elderly and enhance the overall resilience of the community against the impacts of cognitive decline.

Purpose of the study

1. To find out the extent of mental retardation among elderly
2. To examine the causes of mental retardation experienced by the elderly.
3. To determine the effects of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly.

Research questions

1. What is the extent of mental retardation among elderly in Rivers State?
2. What are the causes of mental retardation experienced by the elderly?
3. What is the effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly?

Hypothesis

There is no significant effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly

Concept of Mental Retardation

Another term for mental retardation is intellectual impairment. A mild to severe impairment in intellectual ability, equivalent to an IQ of 70 to 75 or below, is referred to as mental retardation, according to the Merriam-Webster Dictionary (2023). It also involves significant limitations in social, practical, and conceptual skills (such as interpersonal communication, reasoning, or self-care) that are necessary for independent daily functioning. Mental retardation is defined by Good Therapy (2023) as an intellectual handicap that causes intellectual capacities to be much below average. Mental retardation can interfere with learning, the ability to care for oneself, and the ability to meet general societal expectations about how to behave.

According to Statistic Canada (2015), mental retardation is a lifelong disorder marked by subaverage intellect that impairs learning and adaptive functioning. According to Luckasson (2016), mental retardation is an impairment that affects adaptive behavior and intellectual performance that develops between conception and the start of maturity. Intellectual capacity and adaptive behavior are severely limited in people with intellectual disabilities (ID), and these impairments usually appear before the age of 18. Hyman (2007) encapsulates mental retardation as “cognitive limitation characterized by scores greater than 2 standard deviations below the mean on a valid intelligence quotient (IQ) measure, with limitation of adaptive function in communication, self-care, daily living skills at home or in the community, or social skills.”

The World Health Organization (2017) states that changes in cognitive function brought on by aging may cause cognitive decline or mental retardation in the elderly. Deterioration of memory, logic, and other cognitive functions that affects an individual's day-to-day functioning is known as cognitive decline. This tendency is different from aging normally and could be a sign of more serious illnesses like Alzheimer's disease or dementia (Alzheimer's Association, 2021). Age-related cognitive decline is more common, and it's critical to distinguish between pathogenic circumstances and normal aging-related cognitive changes.

Concept of Elderly

Elderly refers to individuals who have reached an advanced stage of life, typically characterized by chronological age but also encompassing various physical, psychological, and social dimensions. Understanding what it means to be elderly involves recognizing the multifaceted nature of aging, including the physiological and psychological changes that come with it. According to the UNHCR (2020), an elderly person is defined as a person who is over 60 years of age. However, families and communities often use other socio-cultural referents to define age, including family status (grandparents), physical appearance, or age-related health conditions. Aging is a complex process that affects various dimensions of an individual's life. Physical changes, such as decreased bone density and muscle mass, may lead to mobility issues. Cognitive changes, including a decline in memory and processing speed, can impact daily activities. Socially, the elderly may face changes in familial roles, support networks, and societal perceptions (National Institute on Aging [NIA], 2021).

There are several signs that indicate the progression of aging. These may include physical manifestations such as wrinkles, gray hair, and reduced sensory functions. Cognitive changes, such as forgetfulness and difficulty concentrating, are common. Additionally, the prevalence of chronic health conditions tends to increase with age, further impacting overall well-being (NIA, 2021). The elderly face a myriad of challenges, encompassing health, social, and economic aspects. Health challenges may involve managing chronic conditions, preventing diseases, and addressing mental health issues. Social challenges include potential isolation, changes in family dynamics, and adapting to evolving social norms. Economic challenges may involve retirement planning, financial security, and access to adequate healthcare services (United Nations, 2019).

Mental health is a critical aspect of aging, and conditions such as dementia and depression are prevalent among the elderly. Mental retardation, a term largely replaced by intellectual disability, is not a natural consequence of aging but may occur due to factors such as neurodegenerative diseases. It is essential to differentiate normal cognitive aging from pathological conditions and provide appropriate support and care (Alzheimer's Association, 2022).

Concept of Cognitive Behavioral Therapy

According to the American Psychological Association (2023), cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems, including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvements in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. Cognitive behavioral therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave (Crown copyright 2022). Cognitive-behavioral therapy (CBT) is a psychosocial intervention that aims to reduce the symptoms of various mental health conditions, primarily depression and anxiety disorders. Cognitive behavioral therapy is one of the most effective means of treatment for substance abuse and co-occurring mental health disorders. CBT focuses on challenging and changing cognitive distortions (such as thoughts, beliefs, and attitudes) and their associated behaviors to improve emotional regulation and develop personal coping strategies that target solving current problems. Though it was originally designed to treat depression, its uses have been expanded to include many issues and the treatment of many mental health conditions, including anxiety, substance use disorders, marital problems, ADHD, and eating disorders. CBT includes a

number of cognitive or behavioral psychotherapies that treat defined psychopathologies using evidence-based techniques and strategies (Wikipedia, the free encyclopedia, 2023). According to Cherry, K. (2023), cognitive behavioral therapy (CBT) is a type of psychotherapeutic treatment that helps people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on their behavior and emotions. Cognitive-behavioral therapy combines cognitive therapy with behavior therapy by identifying maladaptive patterns of thinking, emotional responses, or behaviors and replacing them with more desirable patterns. Cognitive-behavioral therapy focuses on changing the automatic negative thoughts that can contribute to and worsen our emotional difficulties, depression, and anxiety. These spontaneous negative thoughts also have a detrimental influence on our mood. The Mayo Foundation for Medical Education and Research (MFMER) (2023) says cognitive behavioral therapy (CBT) is a common type of talk therapy (psychotherapy). You work with a mental health counselor (psychotherapist or therapist) in a structured way, attending a limited number of sessions. CBT helps you become aware of inaccurate or negative thinking so you can view challenging situations more clearly and respond to them in a more effective way. CBT can be a very helpful tool, either alone or in combination with other therapies, in treating mental health disorders such as depression, post-traumatic stress disorder (PTSD), or an eating disorder. But not everyone who benefits from CBT has a mental health condition. CBT can be an effective tool to help anyone learn how to better manage stressful life situations. Cognitive-behavioral therapy is used to treat a wide range of issues. It's often the preferred type of psychotherapy because it can quickly help you identify and cope with specific challenges. It generally requires fewer sessions than other types of therapy and is done in a structured way. The Cleveland Clinic (2023) states that cognitive behavioral therapy (CBT) is a structured, goal-oriented type of talk therapy. It can help manage mental health conditions, such as depression and anxiety, and emotional concerns, such as coping with grief or stress. CBT can also help manage non-psychological health conditions, such as insomnia and chronic pain.

Cognitive behaviour therapy (CBT) is an effective treatment approach for a range of mental and emotional health issues, including anxiety and depression. CBT aims to help you identify and challenge unhelpful thoughts and learn practical self-help strategies. These strategies are designed to bring about immediate positive changes in your quality of life. CBT can be good for anyone who needs support to challenge unhelpful thoughts that are preventing them from reaching their goals or living the life they want to live. CBT aims to show you how your thinking affects your mood. It teaches you to think in a less negative way about yourself and your life. It is based on the understanding that thinking negatively is a habit that, like any other habit, can be broken (State of Victoria, 2023).

Causes of Mental Retardation in Elderly

The causes of intellectual disability in the elderly are multifaceted, involving a complex interplay of genetic, environmental, and age-related factors. The followings are the causes of mental retardation in elderly:

Neurodegenerative Diseases:

Conditions such as Alzheimer's disease, Parkinson's disease, and other forms of dementia can lead to progressive cognitive decline (Alzheimer's Association, 2021).

Vascular Issues:

Stroke, mini-strokes (transient ischemic attacks), or other vascular conditions can affect blood flow to the brain, leading to cognitive impairment (Go relic et al, 2011).

Head Trauma:

Previous head injuries, especially those resulting in loss of consciousness, can contribute to cognitive impairment in later years (Fleming et al, 2003).

Medication Side Effects:

Some medications, particularly those affecting the central nervous system, may have cognitive side effects in older adults (American Geriatrics Society, 2019)

Nutritional Deficiencies:

Inadequate nutrition, particularly deficiencies in certain vitamins and minerals, can impact cognitive function (Granit, 2016)

Social Isolation and Depression:

Lack of social engagement and untreated depression can contribute to cognitive decline in the elderly.

Concerns of mental retardation in the elderly

Mental retardation is an outdated term that is no longer used in professional contexts. The current terminology is intellectual disability. Intellectual disability is a lifelong condition characterized by limitations in intellectual functioning and adaptive behaviors. It typically manifests before the age of 18.

While intellectual disabilities are generally identified in childhood, individuals with pre-existing intellectual disabilities may experience age-related challenges and changes as they grow older.

- ***Age-Related Decline:*** As individuals with intellectual disabilities age, they may experience a more pronounced decline in cognitive and adaptive functioning compared to the general population. This decline can be influenced by factors such as neurodegenerative conditions, sensory impairments, and physical health issues.
- ***Dementia and Co-occurring Conditions:*** Elderly individuals with intellectual disabilities may be at a higher risk of developing dementia and other age-related cognitive disorders. Conditions such as Alzheimer's disease can exacerbate cognitive impairment, making it challenging for individuals with pre-existing intellectual disabilities.
- ***Access to Healthcare:*** The elderly with intellectual disabilities may face barriers in accessing appropriate healthcare. They might have difficulty communicating symptoms, understanding medical instructions, or adhering to treatment plans, leading to increased health risks.
- ***Social Isolation:*** Aging individuals with intellectual disabilities may be at risk of social isolation. Changes in living arrangements, loss of caregivers, or the death of peers can contribute to feelings of loneliness and impact mental well-being.
- ***Caregiver Challenges:*** The aging process may place additional burdens on caregivers of individuals with intellectual disabilities. Caregivers may need to adapt to changing needs, address health issues, and plan for the long-term care of the individual.
- ***Community Inclusion:*** Programs and services that support community inclusion can positively impact the quality of life for elderly individuals with intellectual disabilities. Opportunities for social engagement, recreational activities, and continued skill development can enhance well-being.
- ***Legal and Financial Protections:*** As individuals with intellectual disabilities age, it becomes crucial to establish legal and financial protections. This includes guardianship arrangements, advance care planning, and ensuring that appropriate support systems are in place.

Effects of Mental Retardation

Social Stigma and Discrimination

The use of stigmatizing labels, such as "mentally retarded" or "intellectually disabled," can reinforce negative stereotypes. Individuals with intellectual disabilities may be unfairly perceived as incapable, dependent, or inferior, leading to prejudiced attitudes and behaviors. Stigma and discrimination can lead to social isolation, as individuals with intellectual disabilities may be excluded from social activities, community events, and peer interactions. This isolation can contribute to feelings of loneliness and alienation. Relating to education, stigmatization can manifest in educational settings, where individuals with intellectual disabilities may face bullying, teasing, or exclusion from peer groups. Individuals with intellectual disabilities may encounter discrimination in the workplace, limiting their opportunities for employment and career advancement. Negative attitudes and misconceptions about their capabilities can lead to unfair treatment. These negative experiences can

hinder their academic progress and contribute to a hostile learning environment. Individuals with intellectual disabilities often face societal prejudice and discrimination, leading to social isolation and a lack of opportunities for social inclusion (Scio & Turnham 2011).

Limited Educational Opportunities

Access to quality education may be limited for individuals with intellectual disabilities, affecting their ability to develop essential skills and reach their full potential. Students with intellectual disabilities often require individualized instruction tailored to their specific needs. In mainstream educational settings, the lack of resources, specialized teachers, and support staff may hinder the provision of personalized education plans. The curriculum in mainstream schools may not be adequately modified to accommodate the learning styles and needs of individuals with intellectual disabilities. This can hinder their ability to engage with and comprehend educational material. Students with intellectual disabilities may face social stigma and bullying in educational settings, creating an unwelcoming and hostile environment. This can negatively impact their self-esteem and hinder their social development. Individuals with intellectual disabilities were often segregated into special education settings, isolating them from their non-disabled peers. While inclusive education has become more prevalent, some students may still be placed in separate classes or schools, limiting their exposure to diverse learning environments (Snell & Brown 2011).

Healthcare Disparities

Individuals with intellectual disabilities often experience disparities in healthcare, facing challenges in accessing appropriate medical care and preventive services. Individuals with intellectual disabilities often face barriers to accessing healthcare services, including preventive care, screenings, and routine check-ups. This limited access can result from systemic issues such as transportation challenges, a lack of healthcare coverage, and insufficient disability-friendly facilities. Effective communication is crucial in healthcare, but individuals with intellectual disabilities may experience challenges in expressing their symptoms and understanding medical information. Healthcare providers may not be adequately trained to communicate effectively with this population. Healthcare providers may engage in diagnostic overshadowing, where they attribute physical symptoms to the individual's intellectual disability rather than considering other potential medical issues. This can lead to delayed or inadequate treatment. Individuals with intellectual disabilities may experience inequitable treatment, including stereotypes by healthcare professionals that can lead to suboptimal care. These biases can affect the provider's perception of pain, adherence to treatment plans, and overall healthcare outcomes. Health promotion and education materials may not be accessible or tailored to the needs of individuals with intellectual disabilities. This lack of information can contribute to a lower level of health literacy and self-care among this population. Individuals with intellectual disabilities may be prescribed psychotropic medications at higher rates than the general population. Monitoring for side effects and the appropriateness of medication use may be insufficient, leading to potential health risks (Sheehan & Hassiotis 2016).

Employment Challenges

Finding and maintaining employment can be challenging for individuals with intellectual disabilities, leading to economic dependence and a sense of fulfillment. Individuals with intellectual disabilities often encounter a limited range of job opportunities. Negative stereotypes and prejudices about individuals with intellectual disabilities can lead to discriminatory attitudes in the workplace. Employers and coworkers may hold misconceptions about their capabilities, hindering fair employment practices. Many workplaces may not be adequately equipped to accommodate individuals with intellectual disabilities. The absence of necessary accommodations, such as modified work tasks or additional support, can impede their performance and integration into the workforce. Some employers may be hesitant to hire individuals with intellectual disabilities due to misconceptions about their abilities and productivity. There might be a misalignment between the skills possessed by individuals with intellectual disabilities and the requirements of available jobs. Limited access to appropriate vocational training programs can exacerbate this mismatch (Kelby, Cocks & Booth 2018).

Legal and Human Rights Issues

Individuals with intellectual disabilities may face challenges in the realization of their legal and human rights, requiring advocacy efforts to ensure equal opportunities and protection. Individuals with intellectual disabilities may face discrimination in the workplace, limiting their opportunities for employment and career advancement. Individuals with intellectual disabilities have faced challenges in exercising their legal capacity, particularly in making decisions about their own lives. Traditional legal systems often fail to recognize and support alternative decision-making models for individuals with intellectual disabilities, leading to guardianship arrangements that may restrict autonomy. Individuals with intellectual disabilities may encounter barriers in accessing the justice system, including difficulties in communication and comprehension. The right to education is often compromised for individuals with intellectual disabilities, as they may face segregation or exclusion from mainstream educational settings. Institutionalization and segregation of individuals with intellectual disabilities have been persistent challenges, infringing on their right to live in the community. (Flynn, & Arstein-Kerslake 2014).

Effects of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly

1. Cognitive Stimulation and Rehabilitation

CBT interventions can involve cognitive stimulation exercises that target specific cognitive functions, such as memory, attention, and problem-solving. Memory decline is a common aspect of aging, and individuals with intellectual disabilities may experience specific challenges in this area. CBT interventions may include memory enhancement exercises, such as memory games, repetition-based techniques, and mnemonic strategies. These interventions aim to improve memory recall and retention. Cognitive decline can impact an individual's ability to solve problems and make decisions. CBT often incorporates activities that target problem-solving skills, encouraging individuals to think critically and work through challenges. For elderly individuals with intellectual disabilities, these interventions can enhance their adaptive problem-solving abilities. Executive functions, including skills such as planning, organization, and task initiation, may be compromised in aging individuals. CBT may include exercises to train and support executive functions, assisting elderly individuals in maintaining independence in their daily activities despite cognitive challenges. Cognitive rehabilitation within the context of CBT may target the maintenance of functional skills. This includes activities that support individuals in preserving their ability to perform essential daily tasks, such as dressing, grooming, and meal preparation. Cognitive reserve refers to the brain's ability to withstand damage or compensate for deficits. Cognitive stimulation in CBT may contribute to the promotion of cognitive reserve, helping elderly individuals maintain cognitive function and potentially slow down cognitive decline. In the elderly, engaging in these cognitive exercises may contribute to cognitive rehabilitation and potentially slow down cognitive decline (Belleville, Clement, Mullah & Gilbert 2011).

2. Reduction of Negative Thought Patterns

CBT helps individuals identify and challenge negative thought patterns and beliefs that can contribute to stress and anxiety. Elderly individuals with intellectual disabilities may experience difficulties in emotional regulation. CBT teaches adaptive strategies for managing and regulating emotions, reducing the impact of negative thoughts on mood and behavior. Cognitive distortions and negative thought patterns can contribute to increased frustration and stress. CBT provides tools and coping mechanisms to help elderly individuals manage these emotions effectively, promoting a more positive outlook on challenges associated with intellectual disabilities. CBT aims to replace negative self-talk with more positive and constructive thoughts. For elderly individuals with intellectual disabilities, fostering positive self-talk can contribute to improved self-esteem and a more optimistic perspective on their capabilities.

Cognitive distortions, such as catastrophizing or overgeneralization, can be common in individuals with intellectual disabilities. CBT interventions focus on building self-efficacy by helping individuals recognize and celebrate their achievements. For elderly individuals with intellectual disabilities, this

can be particularly empowering, fostering a sense of competence and agency. Negative thought patterns can contribute to maladaptive behaviors. CBT aims to break the cycle of negative thinking and behavioral patterns, encouraging positive changes in behaviour and fostering a sense of accomplishment for elderly individuals with intellectual disabilities. CBT works to identify and challenge these distortions, helping individuals develop a more balanced and realistic perception of themselves and their abilities. By reducing negative cognitions, CBT may positively impact emotional well-being, which can, in turn, influence cognitive functioning in the elderly (Kiselica, & et al 2016).

3. Enhanced Quality of Life

CBT interventions that address depressive symptoms, anxiety, or other psychological distress can lead to an improved overall quality of life for the elderly. CBT aims to alleviate emotional distress by addressing negative thought patterns and promoting adaptive coping strategies. In the context of elderly individuals with intellectual disabilities, enhancing emotional well-being contributes significantly to an improved quality of life, fostering a more positive and balanced emotional state. Elderly individuals with intellectual disabilities may be more vulnerable to anxiety and depression. CBT interventions target symptoms of these mental health issues, helping individuals manage and reduce anxiety and depressive symptoms, thereby enhancing their overall emotional health and well-being. Negative thought patterns and self-perceptions can contribute to low self-esteem. CBT works to challenge and change these negative beliefs, fostering a more positive self-image.

Improved self-esteem positively influences an individual's perception of their worth and capabilities, contributing to an enhanced quality of life. CBT equips individuals with effective coping skills to manage stressors and challenges. For elderly individuals with intellectual disabilities, improved coping mechanisms contribute to a more adaptive response to life's difficulties, promoting a sense of control and resilience. CBT interventions often address social skills and interpersonal challenges. For elderly individuals with intellectual disabilities, improvements in social interaction skills can lead to more meaningful connections, reducing social isolation, and enhancing overall life satisfaction. CBT interventions aim to break negative behavioral patterns and promote positive changes. For elderly individuals with intellectual disabilities, fostering positive behaviors enhances their daily functioning, contributing to an improved quality of life for both individuals and those involved in their care. This positive impact on emotional well-being may indirectly contribute to maintaining cognitive function (Alizarin, et al 2010).

METHODOLOGY

Expost-facto survey design was used in carrying out the study. The study was conducted in Rivers State. The population of the study comprises of all home economists and psychologists in Rivers State. Simple random sampling technique was used to select 40 respondents (20 home economists and 20 psychologists) from each of the three senatorial districts which gave a total of 120 respondents used for the study. The instrument used for data collection was a structured questionnaire tagged "MENTAL RETARDATION and COGNITIVE BEHAVIOURAL THERAPY QUESTIONNAIRE (MRCBTQ)". To ascertain the face and content validity, the instrument was presented to one expert in test and measurement and evaluation. A reliability coefficient result of 0.81 was obtained and that caused the instrument to be reliable for the study as the result was substantially high enough for use of the instrument in the study.

RESULTS AND DISCUSSIONS

Research Questions 1: The research question sought to find out the extent of mental retardation among elderly in Rivers State. To answer the research question percentage analysis was performed on the data, (see table 1).

Table 1: Percentage analysis of the extent of mental retardation among elderly in Rivers State.

EXTENTS	FREQUENCY	PERCENTAGE
VERY HIGH EXTENT	43	35.83**
HIGH EXTENT	36	30
LOW EXTENT	22	18.33
VERY LOW EXTENT	19	15.83*
TOTAL	120	100%

****The highest percentage frequency**

***The least percentage frequency**

SOURCE: Field survey

The above table 1 presents the percentage analysis of the extent of mental retardation among elderly in Rivers State. From the result of the data analysis, it was observed that the highest percentage (35.83%) of the respondents affirmed that the extent of mental retardation among elderly in Rivers State is very high, while the least percentage (15.83%) of the respondents stated that the extent of mental retardation among elderly in Rivers State is very low.

Research Questions 2

The research question sought to find out the causes of mental retardation experienced by the elderly. To answer the research percentage analysis was performed on the data, (see table 2).

Table 2: Percentage analysis of the causes of mental retardation experienced by the elderly

CAUSES	FREQUENCY	PERCENTAGE
Medication Side Effects	56	29.47**
Head Trauma	47	24.74
Social Isolation and Depression	35	18.42
Nutritional Deficiencies	27	14.21
Vascular Issues	21	11.05
Neurodegenerative Diseases	4	2.11*
TOTAL	190	100%

****The highest percentage frequency**

***The least percentage frequency**

SOURCE: Field survey

The above table 2 presents the percentage analysis of preventive measures of COVID-19 pandemic. From the result of the data analysis, it was observed that “Medication side effects” 56(29.47%) rated the highest percentage of the causes of mental retardation experienced by the elderly while “Neurodegenerative diseases” 4(2.11%) rate the least percentage of the causes of mental retardation experienced by the elderly.

Research Questions 3

The research question sought to find out the effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly. To answer the research percentage analysis was performed on the data, (see table 3).

Table 3: Percentage analysis of the effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly.

EFFECTS	FREQUENCY	PERCENTAGE
Cognitive Stimulation and Rehabilitation	92	40.17**
Reduction of Negative Thought Patterns	76	33.19
Enhanced Quality of Life	61	26.63*
TOTAL	229	100%

****The highest percentage frequency**

***The least percentage frequency**

SOURCE: Field survey

The above table 3 presents the percentage analysis of effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly. From the result of the data analysis, it was observed that the effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly most felt is “Cognitive stimulation and rehabilitation” 92(40.17%) while “Enhanced quality of life” 61(26.63%) was the least felt one.

Conclusion

In conclusion, there is very high extent mental retardation among most elderly in Rivers State. It could also be concluded that the major cause of mental retardation experienced by the elderly Medication side effects. Also, the major effect of Cognitive Behavioral Therapy on Mitigation of Mental Retardation in Elderly Cognitive Stimulation and Rehabilitation. Also, addressing mental retardation among the elderly in Rivers State demands a nuanced approach that considers the local socio-cultural context. Cognitive behavioral therapy (CBT) emerges as a promising intervention, offering a tailored and culturally sensitive strategy. By acknowledging the unique challenges faced by the elderly population and incorporating local perspectives, CBT can be an effective tool for mitigating cognitive issues. This research underscores the need for collaborative efforts among healthcare practitioners, policymakers, and community leaders to implement and integrate CBT into mental health initiatives for the elderly in Rivers State. Through these concerted efforts, we can work towards enhancing the mental well-being of the elderly and fostering a resilient community that is better equipped to navigate the challenges associated with cognitive decline.

Recommendations

1. Community campaigns should be launched to raise awareness about mental health issues in the elderly, emphasizing the effectiveness of Cognitive Behavioral Therapy (CBT) in mitigating cognitive challenges.
2. Specialized training should be provided for healthcare professionals in Rivers State to enhance their understanding and application of CBT for the elderly. This can include workshops, seminars, and ongoing education programs to ensure that practitioners are equipped with the necessary skills to implement CBT effectively.

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