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Assessment of the perceived causes of mental disorder among people living with mental illness at community mental health centres, Ogun State, Nigeria

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Mental disorder is a broad term describing clinically significant disturbances in individual's cognition, emotional regulation or behavior that are associated with distress, impaired functioning or increased risk of disability. Mental health research emphasizes that there is no single cause of mental illness, but multiple risk factors interact to increase an individual's vulnerability to developing mental disorder. Therefore, this study investigated the perceived causes of mental disorder among people living with mental illness at mental health facilities in Ogun State, Nigeria.

Methodology

This study was carried out at Community Mental Health Centres at Ilaro, Ota, Ijebu-Ode and Abeokuta. The population of the study was 1173 mentally-ill patients. Instruments of data collection was a structured, adapted questionnaire and International Stigma of Mental Illness Scale. Primary data were utilized. The study sample size was 313 which was determined through Cochran's formula. Female constituted majority 186(54.9%) of the respondents, while males represented 127(40.6%). Stratified random sampling and convenient sampling technique were utilized in selecting participants for the study. Three hundred and eighteen copies of questionnaire were distributed, and all were returned, making 100% return rate, but 5 were found unsuitable for use. Data were analysed using the Statistical Package for Service Solution (SPSS) version 25.0. Descriptive statistics such as frequency count, mean, standard deviations, and percentages was utilized for demographic data, while the hypothesis was analysed using inferential statistics such as Chi-Square. Statistical significance was considered at P-value ≤ 0.05

Results

The result showed that majority 247(78.9%) of the respondents had high knowledge of mental illness. Causes of mental disorder included loss of job/loss of loved ones 294(93.9%), physical illness 291(92.8%), family/relationship problems 275(87.9%), stress 261(83.4%), abuse in childhood and genetics respectively 246(78.6%). Hypotheses suggested that there was significant relationship between duration of mental disorder and stigmatization

Conclusion

The study concluded that there were some perceived causes of mental disorder among people living with mental illness who were attending the four Community Mental Health Centres in Ogun State, Nigeria. It was recommended the government should subsidize the cost of treatment of mental illness, launch targeted campaigns to educate the public about mental health conditions, collaborate with media outlets to promote mental health care and form alliance with religious and traditional healers for complementary approach to mental health treatment in the country.

Keywords: Mental disorder, discrimination, patients, mental health centres, healthcare professionals.

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INTRODUCTION

Mental illness, also referred to as a mental disorder or mental health condition, is a broad term describing clinically significant disturbances in an individual's cognition (thinking), emotional regulation, or behavior that are associated with distress, impaired functioning, or increased risk of disability. Mental illnesses affect how people think, feel, relate to others, and perform daily activities, including work, education, and social relationships. They arise from a complex interaction of biological, psychological, social, and environmental factors rather than from a single cause. According to the World Health Organization (WHO, 2025), mental health conditions include mental disorders and psychosocial disabilities characterized by significant disturbances in thinking, emotional regulation, or behavior that lead to distress and impairment in personal, family, social, educational, or occupational functioning (World Health Organization, 2025).

Galderisi (2024) explained that mental illness should be understood within the broader concept of mental health. While mental health reflects an individual's capacity to cope with life's stresses, maintain relationships, and contribute to society, mental illness represents a disruption of these abilities resulting from biological, psychological, and social influences. The author emphasized that mental illness is not merely the absence of mental well-being but a clinically recognizable condition requiring appropriate assessment and management. As part of the management of mental illness, Ademuyiwa, Olibamayo and Lebimoyo (2026) asserted that mental health education program would significantly improve mental illness and also reduced any stigma attached to patient conditions. This is also corroborated by the assertions of Wu, Adeleke and Penderson (2025) that mental health knowledge would predict greater use of mental health services, which would in turn improve the wellbeing of people living with mental disorder.

In many African societies, psychiatric illness is believed to be either an outcome of a familial defect or the 'handiwork of evil machinations', demons, evil spirits. These negative beliefs result in psychiatric patients being seen as outcasts and people who should be quarantined (Gureje, 2024). Another common societal belief is that psychiatric patients are responsible for their illness, especially when it is an alcohol and/or substance related problem. Prejudice towards people with mental illness has been shown to correlate with societal ignorance that such persons are dangerous and unpredictable, less competent and unable to live productive lives. This in turn increases stigma towards persons with mental disorders despite increased knowledge in mental health recognition, diagnosis, and management by health workers. As a result of this, many patients withdraw from community activities due to fear of discrimination (Faleti & Akinlotan, 2025). Thus, Wu et al (2025) in their study on mental health knowledge found that higher mental health knowledge predicted greater use of mental health service. Similarly, Adewuyo et al (2026) in their study on mental health awareness also found that health education program significantly improve knowledge of mental health illness and reduction in stigma. Li et al (2025) in a study conducted on changes in knowledge and attitude towards mental disorders in a Chinese sample population found that mental health knowledge improved compared with previous surveys, but stigma and misconceptions are still common. Muhammad et al (2026) also conducted a study on knowledge, attitudes and practices towards mental health amongst adults in Jigawa State, Nigeria. The result fond that about 715 had adequate knowledge of mental health, but attitudes towards mental illness people remain poor.

Mental illnesses include a wide spectrum of disorders such as depressive disorders, anxiety disorders, bipolar disorder, schizophrenia, obsessive-compulsive disorder, post-traumatic stress disorder, personality disorders, eating disorders, and substance use disorders. Although these conditions differ in symptoms and severity, they commonly interfere with normal functioning and quality of life. Fortunately, most mental illnesses are treatable through evidence-based interventions such as psychotherapy, medication, psychosocial rehabilitation, community support, and lifestyle modifications when appropriate. Thus, Li, Koou and Zhang (2025) emphasize on positive changes in knowledge and attitude towards mental health disorders. Improvement in mental health knowledge would assist in efficient care of mentally ill patients.

Mental illness develops through a complex interaction of biological, psychological, social, environmental, and lifestyle factors. In the view of Jain et al (2025), psychological stress, migration challenges, family conflict, cultural beliefs, and stigma are important contributors to common mental disorders. Kirkbride et al (2024) also affirm that poverty, childhood adversity, discrimination, and unemployment significantly increase the risk of developing mental disorders. Contemporary mental health research emphasizes that there is no single cause of mental illness; rather, multiple risk factors interact to increase an individual's vulnerability to developing mental disorders. The World Health Organization (WHO, 2025) notes that individual, family, community, and structural factors collectively influence mental health and the development of mental disorders.

Furthermore, contemporary mental health scholars argue that mental illness should not be viewed solely as a medical condition but as a multifaceted phenomenon influenced by social determinants of health, including unemployment, discrimination, violence, and inequality. This holistic perspective supports the development of integrated mental health services that address both clinical symptoms and broader social needs (WHO, 2025). The management of psychiatric patients requires a multidisciplinary approach involving psychiatrists, psychiatric nurses, health information management professionals, psychologists, social workers, occupational therapists, pharmacists, and family caregivers.

Statement of the Problem

Mental disorder, also referred to as a mental illness is a broad term describing clinically significant disturbances in an individual's cognition, emotional regulation, or behavior that are associated with distress, impaired functioning, or increased risk of disability. Mental illnesses affect how people think, feel, relate to others, and perform daily activities, including work, education, and social relationships. They arise from a complex interaction of biological, psychological, social, and environmental factors rather than from a single cause.

Mental illnesses include a wide spectrum of disorders such as depressive disorders, anxiety disorders, bipolar disorder, schizophrenia, obsessive-compulsive disorder, post-traumatic stress disorder, personality disorders, eating disorders, and substance use disorders. Although these conditions differ in symptoms and severity, they commonly interfere with normal functioning and quality of life. Fortunately, most mental illnesses are treatable through evidence-based interventions such as psychotherapy, medication, psychosocial rehabilitation, community support, and lifestyle modifications when appropriate.

In the view of Kirkbride et al (2024), and Gureje (2024), some of the risk factors of mental disorder are poverty, childhood adversity, unemployment, discrimination, social violation. It is believed that other causes of mental disorder include traumatic life events, family history, genetic vulnerability, financial hardship, social isolation, loneliness, workplace stress, bullying, substance misuse, poor housing, neighborhood disadvantage, chronic physical illness and limited social support, just to mention a few. Some of these causes of mental disorder have not been proven empirically. Premise on this, the researchers investigated the perceived causes of mental disorder among the mentally ill persons in Ogun State, Nigeria.

Objective of the Study

The broad objective of this study is to assess the perceived causes of mental disorders among mentally ill persons at Community Mental Health Centres (CMH), Ogun State. The specific objectives are to:

1. evaluate the level of knowledge of mental illness among people living with mental illness at CMH, Ogun State
2. determine the perceived causes of mental disorders among people living with mental illness at CMH, Ogun State.
3. examine the relationship between duration of mental disorders and level of stigmatization among people living with mental illness at CMH, Ogun State.

Scope of the Study

The study focused on assessing the perceived causes of mental disorders among people living with mental illness attending the community Psychiatric Centres in Ogun State. The scope of this study were mentally ill persons attending the four community Psychiatric Centres in Ogun State, Nigeria. The Psychiatric Centres are located in Ilaro, Ijebu Ode, Ota and Abeokuta, all in Ogun State.

Review of Related Literature

Conceptual Review: Mental Disorder

The World Health Organization (2025) defines mental disorders as clinically significant disturbances in an individual's cognition, emotional regulation, or behavior that reflect a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. These disorders are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

According to Reed (2024**)**, mental disorders are health conditions characterized by clinically recognizable disturbances in thinking, emotional regulation, and behavior that interfere with an individual's ability to function effectively in daily life. Reed further emphasized that the terms mental disorders*,* mental health conditions*, and* psychosocial disabilities *should be used in ways* that promote respect for the dignity and rights of affected individuals.

Varga and Latham (2024) described a mental disorder **as** a condition involving persistent psychological dysfunction that causes significant distress, impairment in functioning, or both. They argued that mental disorders are recognized not only by the presence of symptoms but also by the extent to which those symptoms interfere with an individual's ability to perform normal social, occupational, and personal activities.

Brinkmann (2024) defined mental disorders as harmful dysfunctions in mental processes that are understood within biological, psychological, and cultural contexts. According to the author, a mental disorder exists when a psychological or behavioural dysfunction causes significant harm or impairment, and its interpretation must consider cultural values and social norms.

Petretto, Mura, Carrogu, Gaviano, Atzori, and Vacca (2025) explained that a mental disorder is a clinically identifiable syndrome characterized by disturbances in cognition, emotion, behavior, or interpersonal functioning that results in distress or disability. Their review noted that although definitions have evolved over time, modern psychiatry consistently views mental disorders as conditions that significantly impair psychological and social functioning.

Psychiatric patients are individuals who have been diagnosed with one or more mental, emotional, or behavioral disorders and who receive assessment, treatment, rehabilitation, or ongoing support from mental health professionals. These disorders may include schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, obsessive-compulsive disorder, personality disorders, and substance use disorders. Psychiatric patients may receive care in outpatient clinics, psychiatric hospitals, general hospitals, community mental health centers, or residential rehabilitation facilities depending on the severity of their condition (Bahji, 2024).

Contemporary mental health practice emphasizes that psychiatric patients should be viewed through a recovery-oriented, person-centered, and rights-based approach rather than being defined solely by their illness. This approach recognizes that individuals living with mental disorders are capable of recovery, social participation, and meaningful lives when provided with appropriate treatment, psychosocial support, and community integration (Kristensen et al., 2025).

Psychiatric patients present with varying psychological, emotional, cognitive, and behavioral symptoms depending on their diagnosis. Common manifestations include disturbances in mood, perception, thinking, memory, judgment, behavior, and interpersonal functioning. Some patients experience hallucinations, delusions, severe anxiety, emotional instability, impaired concentration, or suicidal thoughts, while others may have milder symptoms that respond well to outpatient care (Bahji, 2024). Thus, implementation of community-based psychosocial intervention for people with severe mental illness would assist in reducing mental illness pathetic conditions (Chang et al., 2026). There is a need for social determinants of health in individuals with mental disorders with a view to ameliorating their pathetic mental health conditions (Jeste at al., 2025; Kirkbride et al., 2025; Huggard et al., 2023)

The severity of psychiatric disorders varies considerably. Many patients function independently with medication and psychotherapy, whereas others require hospitalization during periods of acute illness because of risks such as self-harm, aggression, severe psychosis, or inability to care for themselves (Salzmann-Erikson, 2023). Modern psychiatric care emphasizes shared decision-making, respect for patients' autonomy, dignity, confidentiality, and active involvement in treatment planning to improve satisfaction and long-term recovery outcomes (Kristensen et al., 2025).

Empirical Studies: Causes of Mental Disoders

Kirkbride, Anglin and Colman (2024) conducted a study on the social determinants of mental health and disorder: Evidence, prevention and recommendations. The study found strong empirical evidence that poverty, discrimination, unemployment, housing insecurity, and social exclusion significantly increase the risk of developing mental disorders. Similarly, Oswald, Nguyen and Mirza (2024) carried out a study on interventions targeting social determinants of mental disorder and the sustainable development goals: A systematic review of reviews. The reviewed empirical studies showing that social and environmental conditions are major drivers of depressions, anxiety, and other mental disorders. More so, Jesta, Smith, Lewis-Fernandez, Na, Pietrzek, Quinn and Kessler (2025) conducted a study on addressing social determinants of health in individuals with mental disorders in clinical practice. The study found that adverse social conditions such as poverty, trauma, isolation, and limited access to healthcare contribute substantially to the onset and progression of mental disorders.

Another study was conducted by Jain, Kakuma, Singla, Andersen, Bahkali and Nadkami (2025) on explanatory models of common mental disorders among South Asians in high income countries: A systematic review. The study found that psychosocial stress, migration-related challenges, family conflict, cultural beliefs, and stigma are important contributors to common mental disorders. However, as part of solution to mental disorders among mentally ill patients, Johansson, Skillmart and Algurin (2025) conducted a study on psychosocial interventions as solution to mental disorders. Result found that psychosocial interventions improve wellbeing, social functioning, and recovery among people with severe mental illness. In the same vein, Chang, Yen, Bobo, Holier and Smith (2026) conducted a study on solution to mental disorders-community –based psychosocial care. Result found that community-based mental health services improve recovery, social inclusion, and quality of life while reducing hospitalization. In addition, Orr, Ryder and Considine (2026) carried out a study on Solution-Focused Brief Therapy (SFBT) in community mental health. Scoping review concluded that SFBT enhances hope, goal, achievement, and recovery among adults receiving community mental health care.

Theoretical Framework

Biopsychosocial Theory

The Biopsychosocial Theory was developed by George L. Engel (1977). It proposes that mental illness results from the interaction of biological, psychological, and social factors rather than from a single cause. Biological factors include genetics and brain chemistry; psychological factors include emotions, personality, and coping skills; while social factors include family relationships, poverty, culture, and environmental stressors. The biopsychosocial model remains the dominant framework for understanding mental illness in modern psychiatry

Social Theory of Mental Illness

The Social Theory proposes that social and environmental conditions such as poverty, unemployment, discrimination, family conflict, social isolation, violence, and poor housing contribute significantly to mental illness. Modern mental health research strongly supports the influence of social determinants on mental health outcomes.

Diathesis-Stress Theory

The Diathesis–Stress Theory was first proposed by Paul E. Meehl (1962) and was further developed by Joseph Zubin and Bonnie Spring (1977). The theory states that mental illness develops when an individual with a biological or psychological vulnerability (diathesis) encounters significant environmental stress. A person may inherit a predisposition to mental illness, but the disorder becomes evident only when stressful life events activate that vulnerability. This theory is widely applied to schizophrenia, depression, anxiety disorders, and bipolar disorder.

Research Methodology

The research design for this study was a descriptive cross-sectional research design. Descriptive cross-sectional research involves collection of data from a population at a single point in time. It is designed to guide the research process, including selection of research design, data collection techniques, sampling procedures, measurement, and data analysis methods required to answer research question effectively (Chu, 2024). The population for this was 1173 mentally-ill patients attending Community Psychiatric Centres in Illaro, Ota, Ijebu-ode, and Abeokuta in Ogun State. Sample size of 318 was achieved through Cochran's formula due to a large population. Stratified random sampling was used in selecting the proportionate numbers from each Psychiatric Centre, and convenience sampling technique was used in selecting the participants for this study. The instruments used for data collection included a structured, self-designed and adapted questionnaire and an International Stigma of Mental Illness (ISMI) scale. The ISMI has been widely used as a measure for perceived or internalized stigma, self-stigma all over the world. A total of 318 copies of questionnaire were administered, and 318 copies were retrieved making 100% return rate, but only 313 (Male =127, Female=186) were found suitable for use. The questionnaire was also validated and reliability test conducted. The reliability coefficient of 0.81 was obtained. The collected data were analyzed using Statistical Product and Service Solution version 25.0. The hypotheses were tested using inferential statistics such as Chi-Square. The statistical significance was considered at P-value ≤ 0.05.

Sample Size Determination

Sample size for the study was obtained using Cochran's formula due to large population.

$n_0 = Z^2pq/e^2$, where;

n_0 signifies representative sample size
p signifies estimated proportion of the population which is attributed as 0.5
q signifies 1-p
e signifies the margin error. (It could be 0.10, 0.05 or 0.01).
Z is found in a Z table (1.96).
$(1.96)^2\ 0.5(1-0.5)/\ 0.05^2 = 384.2$
$n_0 = 384.2$

$$n = \frac{(n_0)}{(1+(n_0-1/N)}$$

Where N= Total population

n= sample size

$$n = \frac{384.2}{1+ (384.2-1/1173)}$$

$$\frac{384.2}{1+(383.2/1173)}$$

$$\frac{384.2}{1+0.32668}$$

384.2/1.32668= 289

The sample size was 289 respondents.

Attrition Rate= 10/100* 289 = 29

289+29= 318

Hence, the total sample size was 318.

Inclusion Criteria

The participants were the patients diagnosed as having one form of mental illness or the other using the ICD 10 or DSM 5 diagnostic criteria; attending the community psychiatric centres under study. They were aged 18 years to 65 years, who have been attending the Psychiatry Centres for at least one year, well enough to be engaged in the interview, and were able to give informed consent after the study had been explained to them.

Exclusion criteria

They were patients who were aged less than 18 years and above 65 years, who were receiving treatment at the centers in less than a year. They were patients whose mental state were not stable enough to engage in the interview or comprehend the questions being asked.

Ethical Consideration

An Ethical Approval with Number OGHREC/467/157 dated 27/10/2023 was obtained from the Health Research and Ethics Committee of the Ogun State, Ministry of Health, Oke-Mosan, Abeokuta (OGHREC), following a letter of introduction from the College submitted to the DNS, Ogun State Hospital Management Board requesting for permission to conduct the study. The head of the various centres under study were met with the approval letter, sought the consent of the respondents and assured them of absolute confidentiality with regard to the information given and respondents' identities. Upon approval from the head of the hospital, patients were informed of the purpose of the study and its significance. The consent of each patient was obtained by signing the informed consent form prepared, while those who were not able to sign thumb printed. Explanations were made to the management of the community health centres before administering the questionnaire to them with the help of research assistants. The management and patients were informed that the information to be collected was mainly for research purposes only. Anonymity and confidentiality were guaranteed. This research was conducted in line with the recommendations of Helsinki declaration and good clinical practice norms with adherence to guidelines of the institutional Ethics Committee.

Funding Declaration: No funding from any source for this research.

Results and Discussion

Research Question One: What is the knowledge of respondents about mental disorders?

Table 1: Knowledge of Respondents About Mental Disorders

Parameters	Yes	No
	F (%)	F (%)
Can a person be born with a mental illness?	129 (41.2)	184 (58.8)
Is the severity of a person's mental illness an important factor in the type of treatment they receive?	259 (82.7)	54 (17.3)

Source: Field Survey, 2024

Table 1 revealed knowledge of participants on mental illness. 41.2% of the respondents agreed that a person can be born with mental illness, while 58.8% of the respondents disagreed with that opinion. 82.7% of the respondents agreed that severity of mental illness determines the type of treatment they receive, while 17.3 of the respondents disagreed with that opinion.

Table 2: Knowledge of Respondents on where Mental Disorder Patients can be Treated

Perception of where Mentally ill Persons can be Treated	Frequency	Percent
Traditional Mental Homes	0.00	0.0%
At Home	3.00	1.1%
Special Homes	16.00	5.0%
Hospitals	272.00	87.0%
Undecided	22.00	7.0%

Source: Field Survey, 2024

Table 2 reveals the knowledge of respondents on where mental disorder patients can be treated. According to the table, no respondent agreed that a mentally disordered patient can be treated at traditional mental homes. However, 272(87.0%) of the respondents agreed that mental disorder patients can be treated at hospitals, followed by 16(5.0%) of the respondents who agreed that they can be treated at special homes, while 3(1.1%) agreed that mental disorder patients can be treated at home. It should be noted that 22(7.0%) of the respondents were undecided on where mental disorder patients can be treated

Table 3: Knowledge of Respondents on Mental Disorder

Parameters	Yes	No
Which of the following is an example of a mental illness	F (%)	F (%)
Schizophrenia	246 (78.6)	67 (21.4)
Depression	251 (80.2)	62 (19.8)
Seizure / Epilepsy	231 (73.8)	82 (26.2)
Anxiety	174 (55.6)	139 (44.4)
Autism	159 (50.8)	154 (49.2)
Phobias	174 55.6)	139 (44.4)
Bipolar Disorder	183 (58.5)	130 (41.5)
Insomnia	207 (66.1)	106 (33.9)

Source: Field Survey, 2024

Table 3 reveals the knowledge of respondents on mental disorder. It displays some examples of mental illness. As revealed in the table, majority of the respondents agreed that these diagnoses are examples of mental illness. 78.6% of respondents agreed that Schizophrenia is an example of mental illness. Depression (80.2%), Seizure/Epilepsy (73.8%), Anxiety (55.6%), Autism (50.8%), Phobias (55.6%), Bipolar Disorder (58.5%), and Insomnia (66.1%).

Table 4: Summary of Knowledge about Mental Disorder

Knowledge of Mental Disorder	Frequency	Percentages
Low Knowledge	66	21.1
High Knowledge	247	78.9
TOTAL	313	`100

Source: Field Survey, 2024

Table 4 revealed that 247(78.9%) of the respondents have high knowledge of mental disorder, while 66(21.1%) have low knowledge of mental disorder.

Research Question 2: What are the Perceived Causes of Mental Disorders

Table 5: Perceived Causes of Mental Disorders

Parameters	**Yes**	**No**
Which of the following do you think can cause mental illness?	F (%)	F (%)
Family / Relationship problem	275 (87.9)	38 (12.1)
Loss of job/Loss of loved ones	294(93.9)	19 (6.1)
Stress	261 (83.4)	52 (16.6)
Physical illness	291 (92.8.)	22 (7.02.)
Abuse in childhood	246 (78.6)	67 (21.4)
Genetics	246 (78.6)	67 (21.4)

Source: Field Survey, 2024

Table 5 shows the perceived causes of mental disorder. As revealed in the study, majority of the respondents 294(93.9%) affirmed that loss of job/loss of loved ones are the major cause of mental disorder, closely followed by physical illness as opined by 291(70.0%) of respondents, and followed by family/relationship problems as asserted by 275(87.9%) of the respondents. 261(83.4%) of respondents revealed that stress is another cause of mental disorder, while abuse in childhood and genetics as another causes of mental disorder have the same number of respondents respondents 246(78.6%) which are the least according to the respondents' opinions.

Null Hypothesis: There is no significant relationship between the duration of mental disorder and level of stigmatization

Table 6: The Relationship Between the Duration of Mental Disorder and Level of Stigmatization

Duration * Stigmatization Cross tabulation

Count

		Stigmatization		Total	$\chi 2$	p-value
		Low Stigmatization	High Stigmatization			
Duration	1-10 years	14	208	222	0.150	0.928
	11-20 years	3	57	60		
	21years and above	2	29	31		
Total		19	294	313		

Source: Field Survey Result, 2024

Table 6 reveals the relationship between the duration of mental disorder and level of stigmatization. The hypothesis test gives Chi square $\chi 2$= (0.152, df=3, P= 0.928). This shows that P- Value = 0.202 is higher than α=0.05, we therefore accept the null hypothesis that there is no significant relationship between duration of mental disorder and level of stigmatization experienced by people living with mental illness.

Discussion

Research question one sought to find out the level of knowledge of mental health among the people living with mental illness attending Community Mental Health Centre in Ogun State (CMHC). Result from the study revealed that majority (78.9%) of the respondents have high knowledge on mental illness, while 21.1% have low knowledge on mental illness. Result from this study is in tandem with the result of Mohammad, Babandi, and Also (2026) on a study conducted on knowledge, attitudes, and practices towards mental health amongst adults in Jigawa State, northwest, Nigeria. The result found that about 71% of people living with mental illness had adequate knowledge of mental health, but attitudes towards people with mental illness and help-seeking practices remained poor. However, the result of this study is averse to the study carried out by Lee (2024) on consumer knowledge of mental health conditions, awareness of mental health support services, and perceptions of community Pharmacists' role in mental health promotion. The result found that many consumers had limited knowledge of mental health conditions and support services, suggesting a need for public education.

As per the knowledge of where mentally disordered patients can be treated, majority of the respondents 272(87.0%) agreed that hospitals is the best place for effective treatment. This result is consistent with the study of Diel et al (2024) on a systematic review and meta-analysis on digital mental health interventions in psychiatric inpatient settings. The study found that inpatient psychiatric settings, particularly when conventional care is combined with digital mental health

interventions. Patients experienced improvements in psychiatric symptoms and continuity of care after discharge.

Research question two sought to find out the perceived causes of mental disorder among people living with mental illness attending Community Mental Health centers in Ogun State. The result revealed that there were some causes of mental disorder such as family or relationship problems, loss of job or loss of loved ones, stress, physical illness, abuse in childhood, and genetics. This result align with the study of Kirkbride, Anglin, and Colman (2024) who conducted a study on on the social determinants of mental health and disorder: Evidence, prevention and recommendations. The study found strong empirical evidence that poverty, discrimination, unemployment, housing insecurity, and social exclusion significantly increase the risk of developing mental disorders. The result is also similar to a study conducted by Jain, Kakuma, Singla, Andersen, Bahkali and Nadkami (2025) on explanatory models of common mental disorders among South Asians in high income countries: A systematic review. The study found that psychosocial stress, migration-related challenges, family conflict, cultural beliefs, and stigma are important contributors to common mental disorders

On testing of the null hypothesis that states that there is no significant relationship between duration of mental disorder and level of stigmatization experienced by people living with mental illness, the result found that the calculated Chi-Square was greater than the tabulated Chi-Square. Hence, the null hypothesis that states that there was no significant relationship between the duration of mental disorder and level of stigmatization of people living with mental disorder was accepted. This result corroborates a study conducted by Habeb (2025) on stigma in mental health: The status and future direction. This review summarizes empirical evidence showing that individuals with long-standing mental illness often experience repeated discrimination, internalized stigma, and social exclusion, all of which interfere with recovery.

Conclusion

This study investigated the perceived causes of mental disorder among people living with mental illness at Community Mental Health Centers in Ogun State. The study concluded that there are certain causes of mental disorder. Some of these causes are family or relationship problems, loss of job or loss of loved ones, stress, physical illness, abuse in childhood and genetics. Respondents revealed loss of job or loss of loved ones as the major cause of mental disorder among other causes.

The study further concluded that majority of the respondents have high knowledge of mental disorder. It also concluded that the duration of mental disorder had significant relationship with stigmatization of people living with mental disorder.

It is believed that strong therapeutic relationships would improve treatment adherence, patient satisfaction, recovery, and holistic mental health outcome.

Recommendations

1. The cost of treatment of mental illness is very high. Therefore, the government should subsidize the cost of treatment of mental ailments in the country.
2. Government should launch targeted campaigns to educate the public about mental health conditions, debunk misconceptions, and raise awareness to combat stigmatizing attitudes and engage schools, workplaces, and community organizations in these efforts.
3. Mental Health Institutions should collaborate with media outlets to promote accurate and positive representations of mental health issues, ensuring responsible portrayal to reduce negative stereotypes and misconceptions.
4. Mental Health Institutions should collaborate with religious and traditional healers to ensure complementary approaches to mental health treatment while emphasizing the importance of evidence-based professional care.

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