Knowledge and Perception of Mental Illness among the Elderly Living at Ijora-Oloye Community, Apapa, Lagos State

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Abstract
Mental illness among the elderly population is a pressing public health concern that demands attention and understanding. The study is aimed at assessing knowledge and perception of mental illness among the elderly living at Ijora-Oloye community, Apapa, Lagos. Four specific objectives and three hypotheses were formulated to guide the study. A quantitative cross-sectional study design was adopted in this study as the primary data were gotten through administration of questionnaire to selected 80 elderly in Ijora-Oloye, Lagos State, using simple random sampling technique. The data was collected and collated into Microsoft Excel and was analysed using Statistical Package for Social Sciences (SPSS) software version 26. A descriptive analysis is done mainly to assess the description of the data obtained. Inferential statistics using Chi-Square analysis was conducted to determine the hypothesis. This study revealed that participants have excellent knowledge about mental illness as positive perception was observed with (46.3% agree, 28.7% strongly agree) reported that people with mental illness can recover and lead normal lives when they get treatments. Good attitude about mental illness was also observed as (28.7% agree, 15% strongly agree) reported that they would be comfortable talking with someone with a mental illness. This study revealed that there is no significant difference between gender and knowledge of mental illness among elderly individuals based on their exposure to mental health education. This denotes that gender of elderly living has no influence on their knowledge about mental illness. Also, elderly individuals with higher educational level have better knowledge and more positive perceptions of mental illness. Lastly, religion does not affect elderly individuals' knowledge and perceptions of mental illness. The result confirmed that religion of respective elderly individuals' does not influence their knowledge and perception of mental illness.

Keywords: Knowledge, Perception, Attitude, Mental Illness, Elderly Living.

Chapter One
Introduction
1.1 Background To The Study
Mental illness encompasses a wide array of conditions that involve significant changes in an individual's thoughts, emotions, or behavior, often leading to distress or impaired functioning. These disorders can affect individuals at any stage of life, from childhood and adolescence through to old age. As people grow older, their vulnerability to mental health challenges such as depression, anxiety, and cognitive decline tends to increase (WHO, 2022).

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However, how mental illness is perceived and understood by the elderly plays a crucial role in their willingness to seek support, adhere to treatment, and maintain overall well-being. Despite the increasing prevalence of mental health issues in older adults, there remains a persistent lack of knowledge and negative attitudes toward mental illness within this group. This gap in understanding, coupled with stigma, often results in delayed diagnosis, social withdrawal, and worsening of symptoms—ultimately diminishing their quality of life.Mental health concerns among the elderly represent a significant public health issue that requires urgent attention. Conditions such as depression, anxiety, and cognitive disorders like dementia are increasingly common in this age group (Xiao et al., 2023). The data is striking: the WHO (2022) estimates that around 15% of adults aged 60 and above suffer from a mental disorder, underscoring the substantial burden of mental illness in older populations.Incidence rates further highlight this issue. A systematic review and meta-analysis by Santini et al. (2020) reported an annual incidence rate of 6.8% for depression among those aged 65 and older. Additionally, dementia affects nearly 10 million new individuals globally each year (WHO, 2022). Depression and anxiety are particularly prevalent, with depression rates ranging from 10% to 20% and anxiety disorders affecting between 3.8% and 25% of older adults (Rashedi et al., 2020).Despite these high rates, mental illness in older adults often goes unrecognized and untreated (Conner et al., 2019). This is largely due to limited knowledge and negative perceptions of mental health in this demographic. Several studies have explored these issues. For example, a qualitative study by Cormac et al. (2022) conducted in the UK found that many older adults lacked understanding of the symptoms and causes of depression and were hesitant to seek professional help due to stigma and societal attitudes.Improving knowledge and perceptions of mental illness among older adults is essential for encouraging early intervention, promoting treatment-seeking behaviors, and enhancing overall quality of life. A study by Milligan et al. (2020) evaluating a mental health service for older adults in the UK emphasized the value of tailored interventions that consider the specific needs and beliefs of this group. Their results showed improved mental health awareness and reduced stigma following targeted efforts.In rural settings, the challenges may be even more pronounced. Agofure et al. (2019), in a study conducted in Amai community, Nigeria, examined perceptions of mental illness among relatives of individuals with mental disorders. While some awareness of mental illness was evident, it coexisted with widespread misconceptions, especially regarding causes. Many participants favored traditional medicine over formal healthcare, reflecting strong cultural influences on treatment choices. Although mental illness was recognized as a serious condition, stigma against those affected remained prevalent.

These findings highlight the complex relationship between awareness and stigma and point to the urgent need for targeted education and outreach, particularly in rural areas where older adults may have limited access to accurate mental health information and services.

1.2 Statement of Problem

Mental illness among the elderly is a significant global public health issue that requires immediate attention. The World Health Organization (WHO, 2022) reports that about 15% of adults aged 60 and above live with a mental disorder—translating to approximately 141 million individuals

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worldwide. Despite this high prevalence, mental health issues in older adults are often misunderstood and heavily stigmatized, resulting in widespread underdiagnosis and insufficient treatment (Conner et al., 2019).A central challenge lies in the limited awareness and prevailing negative attitudes toward mental illness within this age group. Numerous studies have shown that many older adults lack essential knowledge about the causes, symptoms, and available treatments for mental health conditions (Cormac et al., 2022). This gap in understanding, combined with entrenched societal stigma, significantly hinders their willingness to seek professional care, comply with treatment, and maintain mental well-being (Milligan et al., 2020).In my own community, I have observed that perceptions and knowledge surrounding mental illness—particularly among the elderly—are often unfavorable toward individuals experiencing mental health issues, regardless of age. This observation serves as the motivation behind this study.Bridging this knowledge gap and addressing negative perceptions are vital steps toward improving early recognition of mental illness, encouraging help-seeking behavior, and enhancing mental health outcomes among the elderly. However, there remains a lack of research exploring the nuanced factors that influence mental health awareness and attitudes in this demographic, especially across various cultural and socioeconomic backgrounds. A deeper understanding of these influences will enable researchers and healthcare providers to design targeted educational initiatives, culturally appropriate interventions, and outreach strategies. These efforts can foster greater mental health literacy, reduce stigma, and ultimately improve the quality of life for older adults facing mental health challenges.

1.3 Objective of the Study

The primary goal of this study is to investigate the knowledge and perception of mental illness among the elderly, aiming to develop a thorough understanding of the various factors that influence their awareness, beliefs, and attitudes toward mental health conditions.The specific objectives of the study are as follows:

1. To evaluate the extent of knowledge and awareness among the elderly regarding the symptoms, causes, and available treatment options for common mental health disorders.
2. To explore the perceptions, beliefs, and attitudes of older adults toward mental illness, including issues related to stigma, misconceptions, and cultural influences that may affect their understanding and willingness to seek support.
3. To identify the sociodemographic variables and sources of information that shape the knowledge and perception of mental illness in this population.
4. To examine the connection between the elderly's level of knowledge and perception of mental illness and their help-seeking behaviors as well as overall mental health outcomes.

1.4 Research Questions

1. What is the extent of knowledge and awareness among the elderly regarding the causes and treatment options for mental illness?

2. In what ways do sociodemographic factors and access to information affect the elderly population's knowledge and perception of mental health conditions?

3. How do stigma, cultural beliefs, and misconceptions influence the understanding of mental illness and the willingness of older adults to seek professional mental health care?

1.5 Research Hypotheses

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1. Gender does not significantly influence the level of knowledge about mental illness among elderly individuals, regardless of their exposure to mental health education.
2. Elderly individuals with higher levels of education tend to possess greater knowledge and hold more positive attitudes toward mental illness.
3. There is a significant association between religious affiliation and the perceptions of mental illness among older adults.

1.6 Significance of the Study

This study has the potential to illuminate the distinct challenges and experiences faced by the elderly in relation to mental health, thereby guiding the development of targeted interventions and support systems (Cations et al., 2022). Gaining insight into the knowledge and perceptions of mental illness among older adults can help identify key barriers to accessing mental health services, paving the way for more inclusive, accessible, and patient-centered care. Enhanced awareness and understanding can empower elderly individuals to take greater ownership of their mental health, encouraging self-advocacy and improved adherence to treatment.Furthermore, the study may contribute to building a more compassionate and inclusive society by addressing the stigma surrounding mental illness in older populations (Wahl et al., 2021). It can also strengthen the capacity of family members and caregivers by providing them with the knowledge and tools needed to recognize and support elderly loved ones dealing with mental health issues. This, in turn, can foster more open communication and encourage proactive help-seeking behaviors.Third, the findings of this study can provide valuable insights for healthcare professionals—particularly nurses—regarding the specific misconceptions and knowledge gaps the elderly hold about mental illness (Brémault-Philips et al., 2019).
This understanding can support the creation of targeted educational resources and communication strategies that address these deficits, enabling healthcare providers to deliver culturally competent and age-appropriate mental health care.Fourth, the research may underscore the importance of specialized training and ongoing professional development for healthcare workers serving the elderly. Such training would enhance their capacity to recognize and respond effectively to mental health concerns in this demographic. By undertaking this study, researchers contribute to the foundation of evidence-based approaches that foster mental health awareness, combat stigma, and improve the overall well-being of older adults—ultimately supporting the creation of more inclusive and supportive environments.Finally, the study's outcomes can serve as a valuable tool for policymakers, offering direction for the design of targeted awareness campaigns and educational programs to improve mental health literacy among older adults and their caregivers (Conner et al., 2020). By identifying prevalent misconceptions and knowledge gaps, governments and stakeholders can more effectively allocate resources and funding toward mental health services that address the unique needs of the elderly population, ensuring their mental health is recognized and prioritized.

1.7 Scope of the Study

The study will be conducted among 80 elderly individuals aged 50 and above residing in the Ijora-Oloye community, Apapa, Lagos State, to evaluate their knowledge and perceptions of mental illness.

1.8 Operational Definition of Terms

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Assessment: A structured approach to collecting information, data, and insights concerning the knowledge and perceptions of mental illness among older adults.
Continuing Education: Ongoing learning and professional development opportunities designed to help healthcare providers sustain and improve their knowledge, skills, and competencies, particularly in delivering mental health care to the elderly.
Culturally Sensitive Care: The delivery of healthcare services that honor and integrate individuals' cultural beliefs, values, and traditions, ensuring respectful and appropriate treatment.
Elderly: Persons aged 50 years and above, generally representing the later stages of life.
Help-Seeking Behavior: The proactive steps and willingness of an individual to pursue professional assistance or support for mental health issues.
Knowledge: The level of understanding and awareness an individual has about mental illness, including its symptoms, causes, and available treatments.
Mental Illness: A diverse group of conditions that significantly affect an individual's thoughts, emotions, or behavior, often leading to distress or reduced daily functioning.
Mental Health Literacy: The ability to identify and comprehend mental health conditions, coupled with the knowledge of how to seek appropriate help and the resources available for support.
Patient-Centered Care: A healthcare approach that prioritizes the patient's unique needs, values, and preferences, fostering active participation and shared decision-making in their care journey.
Perception: An elderly individual's interpretation, beliefs, or attitudes toward mental illness and those affected by it.
Stigma: Harmful beliefs, stereotypes, or attitudes associated with mental illness that result in prejudice, social exclusion, or discrimination against those experiencing mental health challenges.

Chapter Two
Literature Review

2.0 Introduction

A thorough review of existing literature has been conducted on the conceptual understanding of the knowledge and perception of mental illness among the elderly. This is essential for addressing the distinct challenges this age group faces within healthcare systems and broader societal frameworks. As global populations continue to age, the rising incidence of mental health disorders among older adults highlights the need to explore how mental illness is recognized and interpreted within this demographic.

2.1 Conceptual Review

As the global population continues to age, mental health issues among older adults are becoming increasingly important. Yet, mental illness remains a misunderstood and stigmatized subject, especially in this demographic. How older individuals perceive and comprehend mental health significantly affects their likelihood of seeking help, adhering to treatment, and managing their overall well-being.This conceptual review aims to consolidate current research on elderly individuals' knowledge and perceptions of mental illness, shedding light on the complex dynamics of this crucial issue. By analysing the existing literature and identifying gaps, the review seeks to support the development of strategies aimed at improving mental health literacy and reducing stigma among the elderly. Understanding these elements is vital for enhancing mental health outcomes, as they directly influence behavior related to seeking care and adhering to treatment.The review incorporates insights from mental health literacy, cognitive psychology, social

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gerontology, and public health to offer a holistic perspective on older adults' relationship with mental health (WHO, 2021). The first objective focuses on evaluating levels of awareness and understanding, which is foundational to assessing mental health literacy—defined as the ability to recognize mental health conditions and know when and where to seek help. Studies have shown that many older adults struggle to identify symptoms of common conditions like depression, anxiety, or dementia. For example, Johnson et al. (2020) found that many seniors misinterpreted symptoms of depression—such as mood changes or loss of interest—as normal aspects of aging. This lack of recognition can delay or prevent treatment, worsening mental health conditions and diminishing quality of life. By assessing awareness levels, researchers can design more effective interventions that foster early detection and improved outcomes.The second objective explores the attitudes, beliefs, and perceptions older adults hold about mental illness. These perspectives are critical, as stigma, misconceptions, and cultural values often hinder individuals from acknowledging their mental health needs and seeking help. Zhang et al. (2021) highlighted how many older adults continue to view mental illness through a stigmatizing lens, shaped by generational and cultural narratives that equate mental illness with personal failure or shame. Such beliefs can lead to denial, secrecy, and avoidance of mental health care.

In some cultures, seeking therapy is even perceived as a sign of weakness or a betrayal of familial privacy. Investigating these perceptions helps researchers understand the barriers that prevent older adults from accessing care and enables the development of culturally sensitive, stigma-reducing interventions.The third objective examines how socio-demographic factors influence mental health knowledge and perceptions. Factors such as education, socioeconomic status, and access to health information are pivotal in shaping attitudes toward mental illness. Research consistently shows that individuals with higher education levels tend to have more accurate knowledge and less stigmatizing views. Likewise, access to information through healthcare providers, media, or community organizations promotes better understanding. However, these factors often interact in complex ways—socioeconomic status can affect access to education and health services, which in turn shapes mental health literacy. Cultural and social norms may further complicate these relationships. By analyzing these influences, researchers can identify high-risk subgroups and tailor mental health initiatives to meet their specific needs.The fourth objective investigates the link between mental health literacy, perceptions, and behavioral outcomes, such as help-seeking and treatment adherence. It explores whether increased understanding and reduced stigma translate into better mental health practices. A systematic review by Rodríguez-Martínez et al. (2024) revealed that older adults with greater mental health knowledge and fewer stigmatizing beliefs were more likely to seek help, follow treatment plans, and experience better outcomes. However, the review also emphasized the need for intervention-based studies to establish causality and develop effective strategies for addressing the factors that influence older adults' engagement with mental health care, such as accessibility, support systems, and cultural beliefs.In summary, this review thoroughly explores how well older adults understand mental illness—including symptoms, causes, and treatments—and their ability to recognize early signs of conditions like depression, anxiety, and dementia. It also delves into the

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deeply ingrained attitudes and beliefs shaped by culture and experience that influence how older adults perceive mental health. Misconceptions and stigma may prevent them from acknowledging mental illness or seeking support. Cultural norms often compound these issues, with mental health seen as a private or shameful matter in some communities. Understanding these factors is key to improving mental health literacy, reducing stigma, and enhancing outcomes for aging populations. As Patel et al. (2022) suggest, exploring these dynamics can guide the development of targeted strategies that promote awareness and foster more inclusive, effective mental health interventions for the elderly.

2.2 Theoretical Review

Age Cohort Theory

The Age-cohort Theory, also known as Generational or Cohort Theory, is a sociological framework that proposes individuals born during the same historical period share formative experiences that shape their values, behaviors, and perspectives throughout their lives.These shared early-life experiences contribute to the development of a unique generational identity that distinguishes one cohort from another (Mannheim, 1952). The theory offers insight into how historical events, cultural shifts, and technological advancements shape different generations and influence various social domains, including work habits, consumption trends, and societal attitudes.

This theory traces back to the early 20th century, with foundational contributions by German sociologist Karl Mannheim. In his influential 1923 essay, The Problem of Generations—later published in English in 1952—Mannheim introduced the idea that people who live through similar events during their youth tend to form a shared social consciousness that continues to influence them throughout life. Although initially sociological in focus, the theory's relevance in mental health research has gained traction in recent years. Contemporary scholars, such as Rudolph and Zacher (2020), have expanded on Mannheim's work by emphasizing the need to consider both common generational traits and individual variation within cohorts when exploring attitudes toward mental health. A central feature of the modern application of Age-cohort Theory in mental health research is the differentiation between **age effects**, **period effects**, and **cohort effects**.

- **Age effects** reflect changes in mental health perspectives that occur as individual's age, independent of when they were born.
- **Period effects** refer to influences affecting all age groups at a particular point in time, such as the widespread impact of the COVID-19 pandemic on mental health awareness.
- **Cohort effects**, which are the theory's primary focus, stem from the unique experiences and societal conditions individuals face during their formative years, shaping their lifelong attitudes toward mental health (Yang et al., 2023).

Age-cohort Theory has found applications across a range of fields including sociology, psychology, marketing, and organizational studies. In sociology, Glen Elder Jr. (1974) used it to explore patterns in life trajectories and social transformation. Marketing experts like David Foot and Daniel Stoffman (1996) utilized the theory to analyze and forecast consumer behavior based on demographic trends. In organizational research, Jennifer Deal (2007) examined generational differences in workplace values and leadership preferences.In recent years, the theory has been increasingly applied to mental health research. Johansen and Wong (2023), for example, investigated generational differences in workplace

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mental health attitudes and help-seeking behaviors, revealing that while differences do exist, they are often shaped by personal and contextual factors. Similarly, Chen and Liang (2024) used the theory to study how various generations engage with digital mental health tools, finding that early exposure to technology significantly influences willingness to adopt tech-based mental health solutions.Another important development in this field is the use of Age-cohort Theory to analyze changes in mental health literacy over time. Kovacs and Smith (2021) employed this framework to explore generational disparities in understanding mental health concepts, uncovering how these gaps influence stigma, willingness to seek help, and the effectiveness of educational initiatives.A landmark study by Martínez-González et al. (2022) applied the theory to investigate how different generations perceive and respond to anxiety disorders. Their findings revealed notable differences: Millennials and Generation X exhibited greater awareness and lower levels of stigma compared to Baby Boomers. These results highlight the importance of designing mental health interventions that are sensitive to the specific experiences, values, and informational needs of each generational group.

Application of the Theory to the Study

The Age-cohort Theory and the Life Course Perspective provide valuable theoretical lenses for examining how older adults understand and perceive mental illness. These frameworks emphasize that aging is a complex and evolving process shaped by personal life experiences, historical influences, and broader social environments. Together, they offer critical insights into how attitudes, behaviors, and perceptions related to mental health develop over time. Below is an outline of how these theories can be applied:

1. **Recognizing Generational Variation:** The Age-cohort Theory underscores that individuals from different generational groups are shaped by unique cultural, historical, and societal contexts. These influences result in varying levels of awareness and attitudes toward mental illness. For example, older generations may maintain more traditional or stigmatizing views compared to younger cohorts due to differences in exposure to mental health discourse, medical advancements, and societal openness.
2. **Evolving Perceptions Over the Life Span:**
   The Life Course Perspective focuses on how people's views and experiences of mental health shift across different stages of life. Early experiences—such as exposure to mental illness in the family, traumatic events, or education—can significantly affect one's attitudes in later years. Additionally, major life transitions like retirement or bereavement can reshape how elderly individuals perceive and respond to mental health challenges.
3. **Cultural and Social Shaping of Beliefs:**
   Both frameworks highlight the role of social structures and cultural narratives in shaping the way aging and mental illness are viewed. Generational attitudes may reflect the norms prevalent during formative years, sometimes reinforcing stigma. Meanwhile, the Life Course Perspective draws attention to how these attitudes can change or persist over time, influenced by social institutions, media portrayals, and evolving societal values.
4. **Incorporating Intersectional Perspectives:**
   An intersectional approach enriches these theories by recognizing that factors such as gender, race, ethnicity, and socioeconomic status intersect with age

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and cohort to shape individuals' mental health experiences. These overlapping identities can affect access to care, exposure to stigma, and engagement with support systems, creating diverse and nuanced experiences within the elderly population.

5. **Implications for Policy and Practice:** By integrating the Age-cohort Theory with the Life Course Perspective, health professionals and policymakers can better design interventions that meet the distinct needs of older adults. This includes developing tailored mental health literacy programs, reducing stigma through culturally responsive outreach, and ensuring equitable access to mental health services. Such targeted efforts can foster more informed, inclusive, and supportive environments for aging populations.

2.3 Empirical Review

In a comprehensive investigation, Johnson et al. (2020) assessed the awareness and understanding of common mental health conditions among 500 elderly individuals aged 65 and above from both urban and rural areas. Utilizing a mixed-methods design that included surveys and semi-structured interviews, the study found that although 72% of participants could recognize basic symptoms of depression, awareness of anxiety disorders was lower at 45%, and 58% had minimal knowledge regarding dementia. Notably, the study identified a clear gap in mental health literacy between urban and rural populations, with urban residents exhibiting significantly greater awareness and comprehension.Turning to attitudes and perceptions, Zhang et al. (2021) conducted a large-scale cross-sectional study involving 1,200 elderly individuals across several regions. Using standardized assessment tools, the researchers explored stigma, cultural beliefs, and misconceptions about mental illness. Their findings showed that 63% of participants held stigmatizing views, especially among those with lower educational levels and limited exposure to mental health information. Furthermore, 55% attributed mental illness to supernatural or spiritual causes rather than biological or psychological explanations, underscoring the influence of cultural beliefs.A two-year longitudinal study by Patel et al. (2022) examined the role of sociodemographic factors in shaping mental health literacy among 800 elderly participants. Through structured questionnaires and cognitive assessments, the study revealed a positive association between higher education, socioeconomic status, and improved mental health understanding. Additionally, increased access to information via media channels contributed to greater awareness. However, cognitive decline in the oldest participants was noted as a barrier to sustaining and updating mental health knowledge.Nguyen et al., (2023) explored the connection between mental health knowledge, perceptions, and help-seeking behaviors in a diverse sample of 600 older adults. Through a combination of surveys and in-depth interviews, the study found that individuals with higher mental health literacy were 2.5 times more likely to seek professional support. Cultural influences played a key role, with participants from collectivist backgrounds showing a stronger inclination toward familial support over formal mental health services. Despite recognizing the need for help, 40% of participants still hesitated to access services due to stigma and practical challenges.A systematic review by Rodríguez-Martínez et al. (2024), analyzing 25 studies published between 2020 and 2023, revealed recurring themes: limited understanding of mental health among the elderly, persistent stigma, and the significant impact of cultural and

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socioeconomic variables on mental health literacy. The authors stressed the urgent need for tailored interventions aimed at raising awareness and dismantling stigma, particularly in marginalized communities.Building on these insights, Santos et al. (2024) evaluated a community-based mental health education initiative targeting 300 older adults in both urban and rural settings. Through a pre- and post-intervention model with a six-month follow-up, the program showed significant improvements in participants' knowledge of mental health symptoms, available treatments, and openness to seeking help. The findings demonstrated the effectiveness of culturally tailored and age-sensitive interventions. However, the study also highlighted the challenge of sustaining behavior change over time, pointing to the importance of continued engagement and support for lasting impact.

Chapter Three
Research Methodology

3.0 Introduction

This chapter describes the methodology and procedure that will be adopted in the collection of data in this study, and includes: research design, study setting, target population, sample size determination, sampling technique, instrument for data collection, validity and reliability of instruments, method of data collection, method of data analysis and ethical considerations.

3.1 Research Design

A quantitative cross sectional study design was used to assess the knowledge and perception of mental illness among the elderly of Ijora-Oloye community, Apapa, Lagos state.

3.2 Research Setting

Ijora-Oloye is a densely inhabited neighborhood located within the Apapa Local Government Area of Lagos State, Nigeria. Positioned on the mainland, it lies in close proximity to the Lagos Port Complex—one of West Africa's busiest and most vital seaports. This strategic location has greatly influenced the area's economic growth and development over time.The community of Ijora-Oloye is culturally rich and mirrors the diverse ethnic fabric of Lagos. While the Yoruba people are the predominant indigenous group, the area also hosts a mix of residents from various ethnic backgrounds across Nigeria, including the Igbo, Hausa, and other minority groups. This cultural blend is reflected in the bustling local markets, which offer products from across the country, and in the variety of religious institutions serving different faith communities.Industrial development has been a major force in shaping the urban landscape of Ijora-Oloye. The area accommodates numerous factories, storage facilities, and logistics companies that support port activities. This has resulted in a mixed-use environment, where industrial and residential zones are closely integrated. However, the rapid pace of industrialization has introduced environmental concerns, such as air and noise pollution, which affect residents' quality of life and health.Transportation infrastructure is a vital part of Ijora-Oloye. It is well connected by major roads such as the Ijora Causeway and the Apapa-Oshodi Expressway. Furthermore, the Ijora Badia Train Station, part of the Lagos Rail Mass Transit network, offers residents a reliable alternative to navigate the frequently congested city roads.Despite its strategic economic position, Ijora-Oloye faces numerous socio-economic hurdles. Like many fast-growing urban areas in the developing world, it struggles with challenges such as overcrowded housing, insufficient access to

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essential services, and high unemployment—especially among young people. These issues have contributed to the rise of informal settlements and a robust informal economy that provides income opportunities for a significant portion of the population.

3.3 Target Population

This includes the elderly of the community between the age of 50-75 years that attend the town-hall meetings monthly at Ijora-Oloye community at Apapa, Lagos state.

3.4 Sample Size Determination

The respondents for this study were taken from the estimated population of elderly people living in Apapa Local Government. The sample size was determined below using Slovin's formula, as to achieve a certain confidence interval when sampling.

$$n = \frac{N}{(1+ Ne^2)}$$

Where;
N = population size
e = margin of error
N =100
e = 5% (0.05)

$$n = \frac{100}{(1+ 100(0.05^2)}$$

$$n = \frac{100}{(1+ 0.25)}$$

$$n = \frac{100}{1.25}$$

n = 80

Therefore, a total number of eighty (80) elderlies participated in the study.

3.5 Sampling Technique

Simple random sampling was used to select participants from the elderlies at the community monthly meeting.

3.6 Instrument for Data Collection

The data collection tool employed in this study is a primary data semi-structured questionnaire comprising forty (40) close-ended items, adapted from previously conducted research. The questionnaire is organized into three (3) sections:

- **Section A:** Captures the socio-demographic characteristics of the respondents.
- **Section B:** Assesses the respondents' knowledge of mental illness.
- **Section C:** Examines the respondents' attitudes and perceptions toward mental illness.

3.7 Validity of Instrument

The questionnaire was designed based on the study's objectives and research questions, supplemented by a review of relevant literature and adaptation of instruments from previous related studies to enhance content validity. Each item was carefully evaluated for its clarity, scope, and relevance. Ambiguous questions were revised, and modifications were made in line with expert suggestions and feedback. Face validity was ensured through thorough review and approval by the research expert.

Inclusion and Exclusion Criteria

Inclusion Criteria:

Community-dwelling older adults aged between 50 and 75 years at the time of the study who are willing to participate.

Exclusion Criteria:

Younger individuals of any age residing in the community, as well as older adults who are either unavailable or unwilling to take part in the study.

3.8 Reliability of Instrument

Cronbach's alpha coefficient was utilized to assess the internal consistency and reliability of the instrument. The instrument yielded a Cronbach's alpha value of 0.891, indicating high reliability. Additionally, the coefficient

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related to attitude and involvement was estimated at 0.671, suggesting an acceptable level of reliability for these components.

3.9 Method of Data Collection

Questionnaires were distributed to elderly participants using a simple random sampling method. The purpose and details of the study were clearly explained to each respondent, and informed consent was obtained prior to their participation. Any areas of confusion were clarified as needed, and the completed questionnaires were retrieved on the same day they were filled out.

3.10 Method of Data Analysis

After the questionnaires were completed, they were collected and reviewed for completeness. Descriptive statistics, including frequency counts, percentages, and tables, were used to analyse the data. The collected questionnaires were processed electronically using the Statistical Package for Social Sciences (SPSS) version 25. Hypotheses were tested using Pearson's correlation coefficient analysis.

3.11 Ethical Consideration

In line with ethical guidelines for research involving human participants, the study was conducted following approval from the Head of the Department of Nursing at Lagos State College of Nursing, Igando. The approval letter was then submitted to the chairman of the local community. All participants were informed that participation in the survey was voluntary, and they were free to decline or withdraw at any point. Respondents were assured that their responses would remain anonymous and confidential throughout the data collection process and beyond. All data sources used in the study were properly acknowledged.

Chapter Four

Data Analysis and Interpretation of Findings

4.0 Introduction

This chapter provides an analysis of the data gathered for this study using the Statistical Package for Social Sciences (SPSS) version 25. A self-designed questionnaire comprising 40 items was distributed to 80 elderly participants, all of whom responded, resulting in a 100% response rate. The analysed data is presented below. The study's hypotheses were tested using Pearson's correlation coefficient analysis.

4.1: Socio-Demographic Information of Respondents

Table 4.1: Socio-demographic information of Respondents

Socio-demographic Characteristics	Frequency	Percentage [%]
Gender		
Male	27	33.8
Female	53	66.2
Total	**80**	**100%**
Marital Status		
Single	9	11.25
Married	53	66.25
Divorced	6	7.5
Widowed	0	0
Separated	12	15
Total	**80**	**100%**
Religion		
Islam	44	55
Christianity	30	37.5
Others	6	7.5
Total	**80**	**100%**
Educational Level		
Primary School	7	8.75
Secondary School	19	23.75
Graduate	48	60
Unlearned	6	7.5

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Total	**80**	**100%**
Ethnic Group		
Yoruba	62	77.5
Igbo	4	5
Hausa	7	8.75
Others	7	8.75
Total	**80**	**100%**

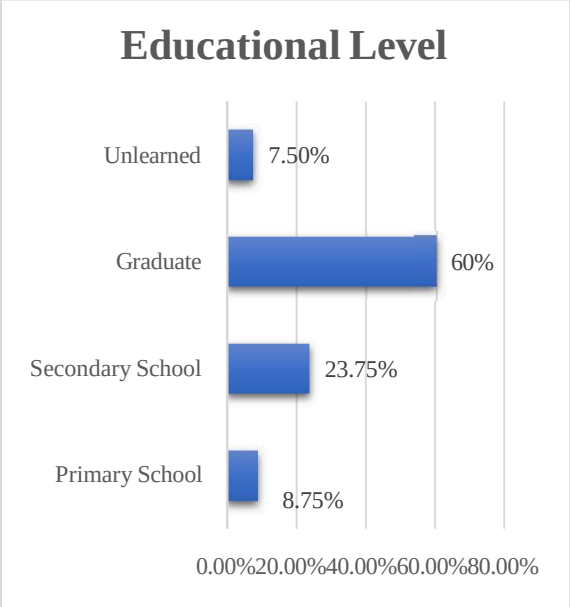

Fig. 1: Educational Level of Respondents

Table 4.1 above, presents the socio-demographic characteristics of the respondents. Of the total, 53 (66.2%) were female and 27 (33.8%) were male. The majority, 47 (58.8%), were aged between 50 and 60 years, followed by 21 (26.2%) aged 61 to 74 years, and 12 (15%) aged 75 and above. A significant proportion, 53 (66.3%), were married. In terms of religion, 44 (55%) identified as Muslims, while 30 (37.5%) identified as Christians. Educationally, 48 (60%) were university graduates, and 19 (23.8%) had completed secondary school. Ethnic distribution showed that 62 (77.5%) were Yoruba, while 4 (5%) were Igbo.

Presentation of Research Questions

Research Question 1:

What is the level of knowledge and awareness about the causes, and treatment options for mental illness among the elderly population?

4.2: Knowledge on Mental Illness

Table 4.2: Responses on Knowledge on mental illness

Variables	Frequency	Percentage (%)
Have you heard of the term "mental illness"?		
Yes	80	100
No	0	0
Not sure	0	0
What is/are the sources of your knowledge about mental illness:		
Health Personnel	45	56.3
Personal experience	45	56.3
Educational experience	40	50
Via Relationship with a mentally ill person	18	22.5
Media [TV, radio, e.t.c]	13	16.3
Personal interest in learning about the mentally ill	17	21.3
Mental illness is a component of health?		
Yes	67	83.75
No	5	6.25
Not sure	8	10
Can a person be born with a mental illness?		
Yes	52	65

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No	15	18.75
Not sure	13	16.25
Mental disorders are caused by:		
Incorrect thinking	45	56.3
Stress	68	85
Environment	17	21.3
Depression	80	100
Loss of job	45	56.3
Use of illicit drug	68	85
Spiritual Attacks	13	16.3
Lack of sleep	40	50
Family history/Genetics	28	35
Family or relationship problems	45	56.3
Trauma e.g Road traffic accidents	68	85
Do you think mental illnesses can affect anyone?		
Yes	73	91.25
No	4	5
Not sure	3	3.75
Are mental illnesses contagious?		
Yes	15	18.8
No	57	71.3
Not sure	8	10
Do you think depression is a mental illness?		
Yes	68	85
No	7	8.75
Not sure	5	6.25

Mental illness occurs mostly among:		
Elderly individuals	28	35
The Youths	33	41.25
Children	0	0
Middle age individuals	14	17.5
Academics individuals	5	6.25
Can mental illness be treated?		
Yes	64	80
No	8	10
Not sure	8	10
Where should mentally ill people be treated:		
Special homes **Hospital**	45 64	56.3 80
At home	8	10
In a clinic	19	23.8
In the community	15	18.8
Do you know where to seek help for mental health issues?		
Yes	65	81.25
No	12	15
Not sure	3	3.75
Can people with mental illnesses live normal lives?		
Yes	56	70
No	18	22.5
Not sure	6	7.5
Support from family and friends aids in		

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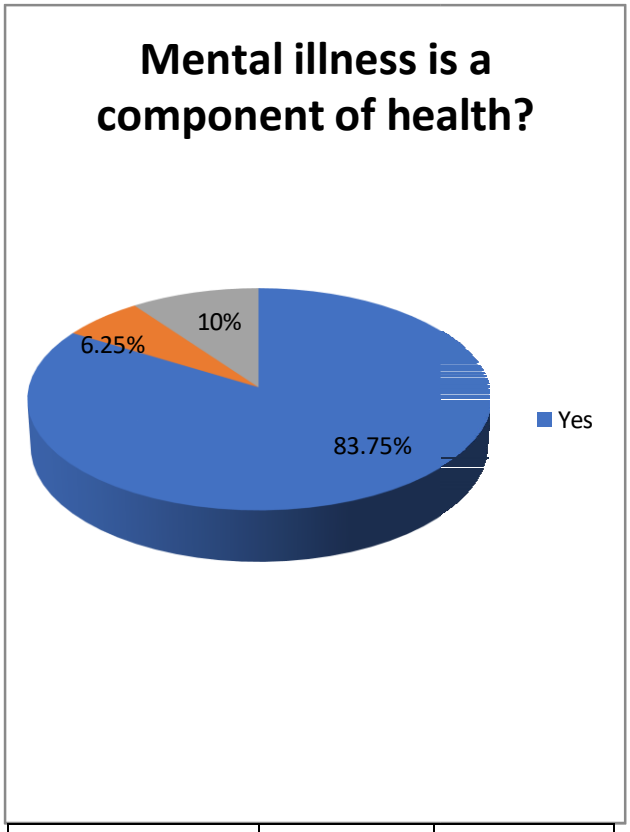
recovery from mental illness		
Yes	76	95



No	1	1.2
Not sure	3	3.8

Fig. 2: Responses on mental illness been a component of health

Table 4.2 above, presents data on respondents' knowledge of mental illness. All 80 respondents (100%) indicated they had heard of the term "mental illness." When asked about sources of their knowledge, 45 (56.3%) mentioned health personnel, and an equal number cited personal experience. Additionally, 40 (50%) attributed their knowledge to educational exposure, 18 (22.5%) through relationships with individuals with mental illness, 13 (16.3%) through media (TV, radio, etc.), and 17 (21.3%) through personal interest in learning.A majority, 67 (83.8%), recognized mental illness as a component of overall health, while 52 (65%) believed it could be congenital. Regarding perceived causes, 45 (56.3%) cited faulty thinking, 68 (85%) stress, 17 (21.3%) environmental factors, and all respondents (100%) associated it with depression. Other reported causes included job loss (45; 56.3%), use of illicit drugs (68; 85%), spiritual attacks (13; 16.3%), sleep deprivation (40; 50%), family history or genetics (28; 35%), relationship or family issues (45; 56.3%), and trauma, such as road traffic accidents (68; 85%).

A large portion, 73 (91.3%), believed that mental illness can affect anyone, and 57 (71.3%) did not consider it contagious. Most respondents (68; 85%) identified depression as a form of mental illness. Regarding the groups affected, 28 (35%) believed it occurs among the elderly, 33 (41.3%) among youth, 14 (17.5%) among middle-aged individuals, and 5 (6.3%) among academic professionals.Furthermore, 64 respondents (80%) believed mental illness is treatable. When asked about appropriate treatment locations, 45 (56.3%) suggested special homes, 64 (80%) hospitals, 8 (10%) home care, 19 (23.8%) clinics, and 15 (18.8%) mentioned community-based care. A total of 65 (81.3%) were aware of where to seek help for mental health issues. Finally, a significant majority, 76 (95%), emphasized the importance of support from family and friends in the recovery process.

Research Question 2: How do socio-demographic factor and access to information, influence the knowledge and perception of mental illness among the elderly population?

4.3: Perception about Me[illegible]tal Illness

Table 4.3: Responses on Perception about mental illness

NB: SA- strongly agree, A- agree, U- unsure, D- disagree, SD- strongly disagree

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Variables		SA	A	U	D	SD	Mean	Remarks
Mental health problems can happen to anyone	**Freq.**	35	34	3	0	8	1.90	Poor
	%	43.8	42.5	3.8	0	10		
People with mental illness are dangerous	**Freq.**	18	27	17	11	7	2.53	Fair
	%	22.5	33.8	21.3	13.8	8.8		
Mental illnesses are often exaggerated for attention	**Freq.**	11	13	14	31	11	3.23	Good
	%	13.8	16.3	17.5	38.8	13.8		
Individuals with bad temperaments are more likely to have mental problem	**Freq.**	0	27	33	15	5	2.98	Fair
	%	0	33.8	41.3	18.8	6.3		
People with mental illness are a burden on society	**Freq.**	12	23	17	26	2	2.79	Fair
	%	15	28.7	21.3	32.5	2.5		
People with mental illness cannot lead productive lives	**Freq.**	9	18	9	37	7	3.19	Good
	%	11.3	22.5	11.3	46.3	8.8		
People with mental illness can recover and lead normal lives when they get treatments	**Freq.**	23	37	9	5	6	2.17	Fair
	%	28.7	46.3	11.3	6.3	7.5		
Mental disorders cannot be cured	**Freq.**	4	22	15	23	16	3.31	Good
	%	5	27.5	18.8	28.7	20		
People with mental illness can recover and lead normal lives	**Freq.**	21	40	11	5	3	2.11	Fair
	%	26.3	50	13.8	6.3	3.8		
Average		**18.5%**	**33.5%**	**17.8%**	**21.3%**	**9.1%**	**2.69**	**Fair**

Criteria for scoring: Mean score between 1.0-1.9 is rated poor; 2.0-2.9 is rated fair; while 3.0-3.9 is rated good.

Table 4.3 above illustrates respondents' perceptions of mental illness. A significant portion, 35 (43.8%), strongly agreed and 34 (42.5%) agreed that mental health issues can affect anyone. Regarding the belief that individuals with mental illness are dangerous, 18 (22.5%) strongly agreed, while 27 (33.8%) agreed.When asked whether mental illness is often exaggerated for attention, 31 respondents (38.8%) disagreed, and 11 (13.8%) strongly disagreed. Additionally, 27 (33.8%) agreed that individuals with poor temperaments are more likely to develop mental health issues.In terms of societal burden, 26 (32.5%) disagreed that people with mental illness are a burden, and 2 (2.5%) strongly

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disagreed. For the belief that people with mental illness cannot lead productive lives, 37 (46.3%) disagreed, and 7 (8.8%) strongly disagreed.A positive outlook was noted, with 37 (46.3%) agreeing and 23 (28.7%) strongly agreeing that people with mental illness can recover and lead normal lives with proper treatment. Meanwhile, 23 (28.7%) disagreed and 16 (20%) strongly disagreed with the statement that mental disorders are incurable. Furthermore, half of the respondents, 40 (50%), agreed, and 21 (26.3%) strongly agreed that recovery and a normal life are possible for individuals with mental illness.

Research Question 3: How does stigma, cultural influences, and misconceptions shape the elderly's understanding and willingness to seek professional help for mental health issues?

4.4: Attitude of Elderly Living About Mental Illness

Table 4.4: Responses on Attitude of Elderly Living about Mental illness

NB: SA- strongly agree, A- agree, U- unsure, D- disagree, SD- strongly disagree

Variables		SA	A	U	D	SD	Mean	Remarks
Mental health should be taken as seriously as physical health	**Freq.**	39	32	4	2	3	1.73	Poor
	%	48.8	40	5	2.5	3.8		
I would be comfortable talking with someone with a mental illness	**Freq.**	12	23	21	17	7	2.80	Fair
	%	15	28.7	26.3	21.3	8.8		
I would be embarrassed if a family member had a mental illness	**Freq.**	6	15	14	37	8	3.33	Good
	%	7.5	18.8	17.5	46.3	10		
I don't pity mentally ill people	**Freq.**	1	10	15	34	20	3.78	Good
	%	1.3	12.5	18.8	42.5	25		
People with mental illness should not be allowed to work in positions of responsibility	**Freq.**	12	24	15	19	10	2.89	Fair
	%	15	30	18.8	23.8	12.5		
I will not recommend someone with history of mental illness for a position in the community	**Freq.**	15	12	21	21	11	3.01	Good
	%	18.8	15	26.3	26.3	13.8		
I will not allow myself or family to play with any mentally ill person	**Freq.**	7	11	17	34	11	3.39	Good
	%	8.8	13.8	21.3	42.5	13.8		
Even if they seem Alright, it is dangerous	**Freq.**	12	28	12	20	8	2.80	Fair

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to forget for a moment that they are mentally ill.	**%**	15	35	15	25	10		
I feel frustrated because I do not know how to help mentally ill people.	**Freq.**	7	33	20	14	6	2.74	Fair
	%	8.8	41.3	25	17.5	7.5		
Psychiatric services should be sought if there is mental illness.	**Freq.**	44	31	5	0	0	1.51	Poor
	%	55	38.8	6.3	0	0		
Positive attitudes, good interpersonal relationship and healthy lifestyle can help people with mental disorders.	**Freq.**	50	19	8	0	3	1.59	Poor
	%	62.5	23.8	10	0	3.8		
Average		**23.3%**	**27.1%**	**17.3%**	**22.5%**	**9.9%**	**2.69**	**Fair**

Criteria for scoring: Mean score between 1.0-1.9 is rated poor; 2.0-2.9 is rated fair; while 3.0-3.9 is rated good.

Table 4.4 above presents data on the attitudes of elderly individuals toward mental illness. Nearly half of the respondents, 39 (48.8%), strongly agreed and 32 (40%) agreed that mental health should be regarded with the same seriousness as physical health. A notable portion, 23 (28.7%), agreed and 12 (15%) strongly agreed that they would feel comfortable talking to someone with a mental illness.When asked about feelings of embarrassment if a family member had a mental illness, 37 (46.3%) disagreed and 8 (10%) strongly disagreed. Similarly, 34 (42.5%) disagreed and 20 (25%) strongly disagreed with the statement that they do not pity individuals with mental illness.Regarding employment, 24 (30%) agreed and 12 (15%) strongly agreed that people with mental illness should not hold positions of responsibility. However, 21 (26.3%) disagreed and 11 (13.8%) strongly disagreed with the idea of not recommending someone with a history of mental illness for a community role.Additionally, 34 (42.5%) disagreed and 11 (13.8%) strongly disagreed with the notion of preventing themselves or their family from interacting with someone who has a mental illness. Meanwhile, 28 (35%) agreed and 12 (15%) strongly agreed that, even if individuals with mental illness appear fine, it is dangerous to forget their condition.A significant number, 33 (41.3%), agreed and 7 (8.8%) strongly agreed that they feel frustrated due to not knowing how to assist people with mental illness. Most respondents, 44 (55%), strongly agreed and 31 (38.8%) agreed that psychiatric services should be sought when mental illness occurs. Lastly, 50 (62.5%) strongly agreed that a positive attitude, good interpersonal relationships, and a healthy lifestyle can support individuals with mental health disorders.

4.5 Hypothesis Testing

Hypothesis 1

Null Hypothesis 1 (H_{01}): Gender does not significantly influence the level of knowledge about mental illness among

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elderly individuals based on their exposure to mental health education.
Alternative Hypothesis 1 (H02) Gender significantly influences the level of knowledge about mental illness among elderly individuals based on their exposure to mental health education.

Table 4.5.1: Chi-square analysis to determine significant difference between gender and knowledge of mental illness among elderly individuals based on their exposure to mental health education.

	Value	Df	p-value	Remarks
Pearson chi-square	17.569	22	0.731	Value is not significant
Likelihood Ratio	20.598	22	0.546	$H0_1$ Accepted
Linear-by-linear association	0.014	1	0.905	
Number of Valid cases	80			

The data presented in Table 4.5.1 above indicates that there is no significant difference (p = 0.731 > 0.05) between gender and perception of mental illness among elderly individuals based on their exposure to mental health education. The chi-square statistic is 17.569 with 22 degrees of freedom. Since the p-value exceeds the standard significance level of 0.05, the null hypothesis is accepted while the alternative hypothesis is rejected. This implies that gender does not have an impact on how elderly individuals perceive mental illness.

Hypothesis 2

Null Hypothesis 2 (H_{02}): Higher educational attainment among elderly individuals does not lead to improved knowledge or more positive perceptions of mental illness.
Alternative Hypothesis 2 ($H0_2$): Elderly individuals with higher levels of education possess greater knowledge and hold more positive perceptions of mental illness.

Table 4.5.2: Chi-square analysis to determine whether Elderly individuals with higher educational level have better knowledge and more positive perceptions of mental illness.
NB: SA- strongly agree, A- agree, U- unsure, D- disagree, SD- strongly disagree

Education Level	Perception of mental health illness					Total	X^2	df	p-value
Higher Education Level	People with mental illness are dangerous								
	SA	A	U	D	SD				
Primary School	4	1	1	1	0	7	95.402	60	0.002
Secondary School	4	5	5	2	3	19			
Graduate	6	20	10	8	4	48			
Unlearned	4	1	1	0	0	6			
Total	18	27	17	11	7	80			

The data in Table 4.5.2 above reveals that elderly individuals with higher levels of education demonstrate greater knowledge and more positive perceptions of mental illness, as indicated by a p-value of 0.002. The chi-square statistic is 95.402 with 60 degrees of freedom. Since the p-value is less than the standard significance level of 0.05,

the null hypothesis is rejected and the alternative hypothesis is accepted.

Hypothesis 3

Null Hypothesis 3 (H_{03}): There is no meaningful association between religion and the perceptions of mental illness among elderly individuals.

Alternative Hypothesis 3 ($H0_3$): There is a significant association between religion and the perceptions of mental illness among elderly individuals.

Table 4.5.3: Chi-square analysis to determine whether Religion affect elderly individuals' perceptions of mental illness.

	Value	Df	p-value	Remarks
Pearson Chi-Square	43.815	44	0.479	Value is not significant
Likelihood Ratio	39.802	44	0.652	$H0_3$ Accepted
Linear-by-linear association	0.982	1	0.322	
Number of valid cases	80			

The data in Table 4.5.3 above indicates that religion does not impact elderly individuals' perceptions of mental illness, with a p-value of 0.479. The chi-square statistic is 43.815 with 44 degrees of freedom. Since the p-value of 0.479 is greater than the significance level of 0.05, the null hypothesis is accepted and the alternative hypothesis is rejected. This result confirms that the religion of elderly individuals does not influence their perceptions of mental illness.

Chapter Five
Discussion, Findings and Conclusion

5.0 Introduction

This study explored the knowledge and perceptions of mental illness among elderly residents of the Ijora-Oloye community in Apapa, Lagos. To achieve the research objectives, the formulated hypotheses were tested accordingly.Relevant literature was reviewed, covering conceptual frameworks, theoretical perspectives, and empirical studies related to elderly individuals' understanding and perceptions of mental illness. The Age Cohort Theory was adopted as the theoretical framework, and its relevance to the study was explained.The study population consisted of elderly individuals aged 50 to 75 who regularly attend monthly town-hall meetings in the Ijora-Oloye community. Primary data were collected through the administration of a self-developed questionnaire to a randomly selected sample of 80 elderly participants using a simple random sampling method.Data collection involved administering and compiling the questionnaires, with responses entered into Microsoft Excel and analysed using SPSS version 26. Descriptive statistics, including frequency tables and percentages, were used to analyse demographic data, while descriptive analysis provided an overview of the data. Inferential analysis using Chi-square tests was employed to test the hypotheses at a 0.05 significance level.The findings, based on the statistical analysis, provided a comprehensive understanding of the knowledge and perceptions of mental illness among the elderly in the Ijora-Oloye community.

5.1 Discussion of Findings

The study revealed that a majority of the participants (66.2%) were female, while 33.8% were male. In terms of age

distribution, 58.8% were between 50 and 60 years, 26.2% were aged 61 to 74, and 15% were 75 years or older. Most respondents (66.3%) were married. Regarding religion, 55% identified as Muslims and 37.5% as Christians. Educationally, 60% were university graduates, while 23.8% had completed secondary school. The ethnic composition showed that 77.5% were Yoruba, and 5% were Igbo.All respondents reported having heard of mental illness. Sources of information included healthcare professionals (56.3%), personal experiences (56.3%), educational exposure (50%), relationships with mentally ill individuals (22.5%), media (16.3%), and personal interest (21.3%). A significant number (83.8%) acknowledged mental illness as a component of health, and 65% believed it could be congenital.These findings align with Johnson et al. (2020), who found that while 72% of participants could recognize symptoms of depression, only 45% were aware of anxiety disorders. Participants cited various causes of mental illness, including stress (85%), substance abuse (85%), depression (100%), incorrect thinking (56.3%), job loss (56.3%), family or relationship issues (56.3%), trauma such as road traffic accidents (85%), lack of sleep (50%), family history (35%), spiritual causes (16.3%), and environmental factors (21.3%). Most respondents (91.3%) believed mental illness could affect anyone, and 71.3% agreed it is not contagious. Additionally, 85% recognized depression as a mental illness. Opinions varied on the affected age groups: 35% cited the elderly, 41.3% youths, 17.5% middle-aged adults, and 6.3% academics.Regarding treatment, 80% believed mental illness is treatable. Preferred treatment settings included hospitals (80%), special homes (56.3%), clinics (23.8%), home care (10%), and community-based options (18.8%).

About 81.3% were aware of where to seek mental health care, and 95% affirmed that family and social support aid recovery.In terms of perception, 43.8% strongly agreed, and 42.5% agreed that mental health problems can affect anyone. However, 22.5% strongly agreed, and 33.8% agreed that people with mental illness can be dangerous. About 38.8% disagreed that mental illness is exaggerated for attention, and 13.8% strongly disagreed. While 33.8% believed those with bad temperaments are more prone to mental illness, 32.5% disagreed with the notion that mentally ill individuals are a societal burden. Furthermore, 46.3% disagreed that such individuals cannot lead productive lives, and 28.7% strongly agreed they can recover and live normally if treated. Half (50%) agreed, and 26.3% strongly agreed with this view.Attitudes toward mental illness showed that 48.8% strongly agreed, and 40% agreed that mental health should be treated as seriously as physical health. About 28.7% said they would feel comfortable talking to someone with a mental illness, while 15% strongly agreed. This aligns with Zhang et al. (2021), who noted that 63% of their study population held stigmatizing views, particularly those with lower education or limited mental health exposure.When asked about stigma, 46.3% disagreed and 10% strongly disagreed they would be embarrassed if a family member had mental illness. A similar pattern was seen in attitudes toward pity, as 42.5% disagreed and 25% strongly disagreed with not feeling pity for the mentally ill. However, 30% agreed and 15% strongly agreed that individuals with mental illness should not hold responsible positions. About 26.3% disagreed with denying community positions to those with a mental health history, and 13.8% strongly disagreed. On interaction, 42.5% disagreed and 13.8% strongly disagreed with avoiding play or interaction

with mentally ill persons. A portion of respondents (35%) agreed, and 15% strongly agreed that it is dangerous to forget someone has mental illness even if they appear normal. About 41.3% agreed and 8.8% strongly agreed that they feel helpless in aiding mentally ill individuals.The majority (55%) strongly agreed, and 38.8% agreed that psychiatric help should be sought when necessary. This contrasts with Nguyen et al. (2023), which found that although 40% of respondents acknowledged the need for professional help, many still avoided it due to stigma and practical barriers. Also, 62.5% strongly agreed that positive attitudes, strong relationships, and a healthy lifestyle could support mental health recovery.Patel et al. (2022) noted that age-related cognitive decline hindered older adults' ability to retain mental health knowledge, a finding that contrasts with this study's results.Finally, the study found no significant relationship between gender and mental health knowledge or perceptions, indicating gender had no impact on awareness or attitudes. However, higher educational attainment correlated with better understanding and more positive views of mental illness. Religious affiliation was also found to have no influence on knowledge or perception of mental illness among elderly participants.

5.2 Implication of the Study

The study's findings highlight the importance of strengthening mental health education for the elderly to enhance their knowledge, attitudes, and care outcomes. Advancing nursing education is essential to prepare nurses with the necessary skills and understanding to recognize and manage common mental health conditions in older adults, such as depression, anxiety, and dementia.Equally important is effective communication—nurses who are attuned to the elderly's perspectives on mental illness are better positioned to respond with empathy and reduce stigma. Emphasizing both education and compassion can help overcome barriers and ensure more respectful and supportive care for the aging population.

5.3 Limitation of the Study

Funding: Due to financial limitations, the researcher was unable to include a larger sample size, which may have impacted the ability to generalize the study's findings.

Time Constraints: The researcher faced time limitations while trying to balance the study with other office responsibilities.

Single Study Location: Conducting the research in only one location may limit the extent to which the results can be applied to other settings.

5.4 Summary of the Study

This study set out to evaluate the knowledge and perception of mental illness among elderly individuals. Using a simple random sampling method, a total of eighty (80) elderly participants were selected for the study. The main objective was to explore their understanding and beliefs regarding mental illness, aiming to gain deeper insights into the factors influencing their awareness, attitudes, and perceptions of mental health issues. Data was collected through a researcher-designed questionnaire and analysed using the Statistical Package for Social Sciences (SPSS) version 25, with results presented in frequency and percentage tables.Findings showed that the majority of participants were female (66.2%), while 33.8% were male. Most were aged 50–60 years (58.8%), followed by 61–74 years (26.2%), and those 75 years and above (15%). Additionally, 66.3% were married. In terms of religion, 55% identified as Muslims and 37.5% as Christians. Regarding education, 60% had tertiary education, 23.8% completed secondary

education, and most respondents (77.5%) were of Yoruba ethnicity.All participants reported being familiar with the term "mental illness." Sources of information included healthcare professionals (56.3%) and personal experience (56.3%). Regarding perceived causes of mental disorders, 56.3% cited faulty thinking, 85% identified stress, all acknowledged depression, and 16.3% believed spiritual attacks could be a cause. Additionally, 80% believed that mental illness is treatable.The study indicated that respondents generally had a positive perception of mental illness. For instance, 32.5% disagreed and 2.5% strongly disagreed with the notion that people with mental illness are a burden on society. Furthermore, 46.3% agreed and 28.7% strongly agreed that individuals with mental illness can recover and live normal lives with appropriate treatment.Participants also demonstrated a supportive attitude toward mental illness. About 28.7% said they would feel comfortable engaging with someone experiencing mental illness, and 15% strongly agreed. A significant proportion, 42.5%, disagreed and 25% strongly disagreed with the idea that they feel no pity for mentally ill individuals. Most respondents (55%) strongly agreed, and 38.8% agreed, that psychiatric intervention should be sought when mental illness is present. Additionally, 62.5% strongly agreed that maintaining a positive outlook, strong relationships, and a healthy lifestyle can contribute to recovery from mental health disorders.

5.5 Conclusion

This study concludes that participants demonstrated strong knowledge of mental illness, along with a positive perception—evidenced by 46.3% agreeing and 28.7% strongly agreeing that individuals with mental illness can recover and lead normal lives with proper treatment. A favourable attitude was also observed, as 28.7% agreed and 15% strongly agreed that they would feel comfortable engaging with someone who has a mental illness.The findings further indicate that there is no significant relationship between exposure to mental health education and the knowledge or perception of mental illness among the elderly. This suggests that awareness alone does not directly shape their perceptions. However, participants with higher levels of education exhibited better understanding and more favourable views of mental illness. Additionally, access to healthcare professionals and mental health services was not found to significantly influence the participants' knowledge or perceptions.The study recommends the creation of mental health-friendly environments, enhancing mental health education among the elderly with attention to cultural sensitivities, encouraging family involvement in mental health care, and promoting interdisciplinary care teams. These strategies can improve the mental health experience for older adults by fostering greater awareness, enabling early identification of mental health issues, and ensuring access to appropriate treatment.

5.6 Recommendation

Establish Interdisciplinary Care Teams: To ensure elderly individuals receive comprehensive mental health support, the development of interdisciplinary care teams is essential. Collaboration among nurses, mental health specialists, social workers, and geriatricians can lead to well-rounded care plans that address both mental and physical health needs, resulting in more holistic and effective treatment.

Improve Mental Health Education for Older Adults: Educational initiatives should be introduced in community centres, senior residences, and healthcare facilities to provide older adults with easy access to information on common mental health

conditions such as depression, anxiety, and dementia. This approach can help dispel myths and encourage a deeper understanding of mental health.

Create Mental Health-Supportive Environments in Elderly Care Settings: Long-term care facilities, such as nursing homes and assisted living centres, should implement practices that promote mental well-being. Staff should be trained to identify and respond to mental health concerns, and environments should support open conversations about mental wellness. Activities like group therapy, mental health seminars, and mindfulness sessions can be incorporated to support residents' emotional health.

Address Cultural and Generational Influences on Mental Health Views: Since cultural and generational backgrounds significantly shape how the elderly perceive mental illness, mental health programs should be culturally tailored. Providers should design inclusive interventions that respect diverse values and beliefs while delivering effective mental health support.

Encourage Family Engagement in Mental Health Awareness: Families play a key role in supporting the mental health of older adults. Educating family members about mental illness can strengthen home-based support systems. Healthcare professionals should involve families in mental health care planning, helping them recognize early warning signs and challenge stigma within the family environment.

5.7 Suggestion for Further Studies

Future studies should examine how family members and caregivers influence the perceptions and management of mental illness among the elderly, especially within caregiving environments. Additionally, further research should investigate the impact of cultural, ethnic, and socioeconomic factors on how older adults perceive mental health issues. Such insights would support the development of culturally appropriate mental health interventions that are responsive to the unique needs of different communities.

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