(60%) had basic education, 9 (22.5) had secondary education, 6 (15%) had no formal education while 1 respondent had tertiary education.
With regards to respondents' employment status, more than half of the respondents who were 27 (67.5) were self-employed, 6 (15%) were apprentice/artisan, 4 (10) were unemployed whereas 3 (7.5%) respondents were working at formal/private sector.

Knowledge Level on the Causes of Mental Illness
The respondents were asked questions on their knowledge on the causes of mental illness. From Table 3 above, it shows that almost the respondents 32 (80%) indicated no they did not have any knowledge on prognosis whereas 8 (20%) of the respondents indicated that they have knowledge on the prognosis. Again, the respondents were asked to state signs and symptoms of mental illness, 25 of the respondents representing 62.5 said no they cannot state signs and symptoms of mental illness while 15 (37.5%) were able to offer some of the signs and symptoms of mental illness.

On the issue of respondents' knowledge on common mental illness, 30 (75%) of the respondents could not give some of the common mental illness whereas 10 respondents representing 25% were able to state some. Regarding the causes of mental illness, 32 (80%) of the respondents were able to name some of the causes of mental illness while 8 (20%) of the respondents were not able to state some of the causes on mental illness. Concerning the treatment of mental illness, 30 (80%) of the respondents held the view that mental sickness cannot be treated whereas 8(20%) of the respondents believe that mental sickness can be treated.

People's Perception on the Causes of Mental illness
Respondents were asked if they knew the name of their ward's illness/sickness and from Table 4 above, 25 (62.5%) respondents said no and 15 (37.5%) said yes they knew the name of their wards. Sickness. To find out whether first call for medication was a health facility, 26 (65%) stated that they did not seek treatment at any registered health post whereas 14 (35%) stated that they sought their wards treatment first at a health facility.

Respondents were asked question on the possible type of management of their wards condition to be treated effectively, 15 (37.5%) respondents mentioned healing by their pastors, 10 (25%) of the respondents mentioned herbal and traditional medicine, 6 (15%) respondents mentioned pacification of gods, 5 (12.5%) mentioned orthodox medicine and 4 (10%) mentioned rehabilitation centre. Regarding respondents' view in terms of what people think are the causes of their wards' mental retardation, almost all the respondents consisting of 32 (80%) indicated spiritual cause including curse, punishment for wrong doing and witchcraft, 6 (15%) indicated medical cause comprising disease or illness, birth defect and genetic disorder whereas 2 (5%) respondents said physical cause.

Attitude towards Mental Illness in their Community
In trying to find people's attitude towards mental illness, respondents were asked if they were reserved or faced withdrawal from social activities as a result of their wards mental retardation, 11 (27%) respondents agreed that they faced withdrawal from social activities and 29 (72.5%) strongly agreed to the claim. All the respondents 40 (100%) strongly agreed that they faced social stigma and discrimination. About loss of friends, 22 (55%) agreed that they have lost friends as a result of their wards mental retardation and 18 (45%) of the respondents strongly agreed. In terms of caregivers having difficulty in taking their wards to social gathering, 36 (90%) strongly agree with this assertion and 4 (10%) agreed with that.

All the respondents 40 (100%) strongly agreed that they faced false accusations for their contribution in their wards condition. Respondents facing poor relations with their family members, 9 (22.5%) strongly disagreed with this assertion, 13 (32.5%) disagreed with that, 12 (30%) agreed that they faced poor relations with their family members and 6 (16.5%) strongly agreed with that.

Effect of Mental Illness on Parents/caregivers
Respondents were asked the question how much time they do spend with your sick ward in order to ascertain the effect of mental illness of parents and caregivers. The study results show that 34 (85%) respondents said they spent their time daily with their sick wards and 6 (15%) said week. Concerning the financial burden that taking care of mental retarded person has on the respondents, they were asked to indicate the amount of money they spent on their wards' medical bill quarterly, 22(55%) respondents indicated that they spent 200-400 Ghanaian cedis, 8 (20%) respondents said they spent 401-601 Ghanaian cedis, 6 (15%) respondents indicated that they spent above 600 Ghanaian cedis whereas 4 (10%) respondents stated that they spent below 200 Ghanaian cedis.

Responding were asked statements in order describe the effect of mental illness on them and the entire family's life. From Table 4 above, in terms of resources constraint on necessities, 36 (90%) respondents strongly agree with the assertion necessities and 4 (10%) respondents agreed. All the respondents 40 (100%) strongly agreed that they felt tired most of the time. With reference to self-blame/guilt, 12 (30%) respondents strongly disagreed

with the assertion, 8 (20%) respondents agreed with the claim. Having experiencing family breakdown as a result of having mentally ill person in the family, 22 (55%) respondents strongly agreed with that and 18 (45%) also agreed.

Besides, experiencing frequent conflicts in the home owing to mental illness issues, 14 (35%) of the respondents strongly disagreed with that, 6 (155%) of the respondents disagreed, 10 (25%) of the respondents strongly agreed while 10 (25%) also strongly agree. In relation to respondents having problems at their work place due to mental ill issue at home, 7 (17.5%) respondents strongly disagreed, 5 (12.5%) disagreed, 21 (52.5%) respondents agree with that whereas 7 (17.5%) strongly agreed with that.

Discussion

The present study revealed that a substantial proportion of the community had poor knowledge regarding mental illness and only few had average knowledge. These result findings confirms what Fong (2005) suggested that many people have less knowledge on mental illness and therefore, there is the need for serious education on mental illness. There is the urgent need to educate the people on the existing model for understanding mental health and mental disorders which underscores the interaction of social, environmental, and genetic factors throughout the lifetime. In behavioral health, researchers classify risk causes, which predispose individuals to mental illness and protective causes, which protect individuals from developing mental disorders.

It is suggested that knowledge can have a remarkable impact on how individuals, societies and the public health community deal with mental disorders. Respondents were asked question on the possible type of management of their wards condition to be treated effectively, 15 (37.5%) respondents mentioned healing by their pastors, 10 (25%) of the respondents mentioned herbal and traditional medicine, 6 (15%) respondents mentioned pacification of gods, 5 (12.5%) mentioned orthodox medicine and 4 (10%) mentioned rehabilitation centre. This result findings confirms Quinn (2007) assertion that misconceptions of people with mental illness is grounded in the cultural and religious beliefs of the people.

Regarding respondents' view in terms of what people think are the causes of their wards' mental illness, almost all the respondents consisting of 32 (80%) indicated spiritual cause including curse, punishment for wrong doing and witchcraft, 6 (15%) indicated medical cause comprising disease or illness, birth defect and genetic disorder whereas 2 (5%) respondents said physical cause. This result finding agrees with Ocloo (2005) posited that some communities in the Ghanaian society believe that people with mental illness are cursed because of some evil deeds done by the children themselves or a member of their family. In rural societies, neurological conditions are thought and believed to be as a result of wrong behaviors, breaking a taboo, witchcraft, or due to evil spirits. Treatments are available in Ghana, but most people with a known mental disorder never seek help from a health professional. The study results revealed that investing in mental health can make huge returns in terms of reducing disability and preventing premature death.

The current study found that the attitude of people towards people who are mentally ill persons are very negative. Comparison of the findings with those of other studies confirms that the general attitudes from the society towards persons with intellectual disability and their inclusiveness in the community have been negative, with differing beliefs and perception from different communities and declaration that some persons with disabilities are ostracised, and excluded from the mainstream community (Anthony, 2009; Avoke, 2010). Stigma, discrimination and neglect avert care and treatment from reaching people with mental disorders, says the World Health Organization. It is noted that where there is disregard, there is little or no understanding. Where there is no understanding, there is disregard.

Therefore, health education should be promoted to make it clear that mental health problems affect the entire society and not just a small, isolated section. No person is immune to mental disorders, but the risk is higher among the poor, homeless, the jobless, persons with low education, victims of violence, indigenous populations, children and adolescents, abused women and the neglected elderly.

All the respondents 40 (100%) strongly agreed that they faced false accusations for their contribution in their wards condition supporting Agbenyega (2005) study report that such families are ostracized, labelled negatively, isolated from the rest of the society and stigmatized. Several studies have demonstrated a noticeably elevated incidence of behavioral disturbances among families of children with mental illness. The current study shows that caring for mentally ill persons are time consuming. This result support Aksoy and Yildirim (2008) study concluding that integral to the child's care, there are many barriers to providing family centered care to hospitalized children in general and to children with special needs. The study adds to existing literature that the needy regularly bear the greater encumbrance of mental disorders, both in terms of the risk in having a mental disorder and the lack of access to treatment. Continuous exposure to rigorously stressful events, dangerous living settings, exploitation, and poor health in common all add to the greater vulnerability of the poor.

Conclusion

The study findings of the study reveal that many caregivers do not know the causes of mental illness, people have

poor perception on mental illness, society attitude towards mental illness is very negative and mental illness has negative socio-economic and cultural effects on the parents and caregivers. It was shown that ignorance on mental illness, cultural and religious beliefs of the people caused the perception and attitude of the people about mental illness and these have negatively affected the parents, caregivers and the victims themselves. The lack of access to affordable treatment makes the course of the illness more severe and devastating, leading to a vicious circle of poverty and mental health disorders that is hardly broken.

In order to deal with the poor knowledge level, people's misperception and poor attitude towards mental illness, Ministry of health and Ghana Health Service must implement health education on mental illness to educate the general populace to understand and have enough knowledge on mental illness to reduce the misconception on mental illness. Besides, mental health nurses must be integrated to the various health centers, clinic and health post in order to provide health care services to persons who are mentally ill and organize home visit to monitor the health conditions of their clients.

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Table1: Demographic characteristics of households' heads

Variable	N=40 Frequency	Percentage
Gender		
Male	6	15
Female	34	85
Respondents' Age		
Below 20 years	1	2.5
21-30 years	3	7.5
31-40 years	5	12.5
41-50 years	12	30
Above 50 years	19	47.5
Marital Status		
Single	2	5
Married	30	75.5
Divorced	8	20
Religious Attachment		
Moslem	6	15.5
Christian	31	77.5
Traditionalist	3	2.5
Education		
Tertiary	1	2.5
Secondary	9	22.5
Basic	24	60
No formal education	6	15

Source: Field Survey, 2018

Table 2: Respondents' Employment Status

Responses	Frequency	Percentage
Unemployed	4	10
Self-employed	27	67.5
Formal/private sector	3	7.5
Apprentice/artisan	6	15
Total	40	100

Source: Field Survey, 2018

Table 3: Respondents' Knowledge of the causes of mental illness

Responses	N=40 Yes	No	Total
Prognosis	8 (20%)	32 (80%)	100
Signs and symptoms	15(37.5%)	25 (62.5%)	100
Common mental illnesses	10 (25%)	30 (75%)	100
Causes	32(80%)	8(20%)	100
Knowledge on Treatment	10 (20%)	30 (80%)	100

Source: Field Survey, 2018

Table 4. People's perception on mental retardation

Variable	N=40 Frequency	Percentage
Name of child sickness		
Yes	15	37.5
No	25	62.5
Health facility first point		
Yes	14	35
No	26	65
Type of management for child		
Healing by pastors	15	37.5
Rehabilitation	4	10
Herbal and traditional medicine	10	25
Orthodox medicine	5	12.5
Pacification of gods	6	15
People's perception on causes		
Spiritual cause	32	80
Medical cause	6	15
Physical cause	2	5

Source: Field Survey, 2018

Table 5: People misconception on mental illness

Variable	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Withdrawal from social activities	0 (0)	0(0)	0 (0)	11(27)	29 (72.5)	40 (100)
Social stigma and discrimination	0 (0)	0 (0)	0 (0)	0 (0)	40 (100)	40 (100)
Loss of friends	0 (0)	0 (0)	0 (0)	22 (55)	18 (45)	40 (100)
Difficulty taking child to social gathering	0 (0)	0 (0)	0 (0)	4 (10)	36 (90)	40 (100)
False accusations	0 (0)	0 (0)	0 (0)	0 (0)	40 (100)	40 (100)
Poor relations with other family members	9 (22.5)	13(32.5)	0 (0)	12 (30)	6 (16.5)	40 (100)

The figures in parentheses are the percentages
Source: Field Survey, 2018

Table 6. Burden on parents/caregivers

Variable	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Total
Resource constrain on basic necessities	0 (0)	0(0)	0 (0)	4(10)	36 (90)	40 (100)
Feels tired most of the time	0 (0)	0 (0)	0 (0)	0 (0)	40 (100)	40 (100)
Self-blame/guilt	12(30)	0 (0)	0 (0)	8 (20)	20 (50)	40 (100)
Family breakdown	0 (0)	0 (0)	0 (0)	18(45)	22 (55)	40 (100)
Frequent conflicts in the home	14 (35)	6 (15)	0 (0)	10 (25)	10 (25)	40 (100)
Problems at work	7 (17.5)	5(12.5)	0 (0)	21 (52.5)	7(17.5)	40 (100)

The figures in parentheses are the percentages
Source: Field Survey, 2018