

Public Attitudes toward Psychiatric Hospitals: A Rural-Urban Comparative Public Survey in Bihar, India

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Received: 25-03-2024 / Revised: 23-04-2024 / Accepted: 25-05-2024

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Conflict of interest: Nil

Abstract:

This study explores the disparities in public attitudes towards psychiatric hospitals between urban and rural populations in Bihar, India, through a descriptive cross-sectional survey. A total of 1,000 participants (500 from urban areas and 500 from rural regions) were interviewed using structured questionnaires. The findings reveal significant differences: urban participants displayed higher awareness and less stigma towards psychiatric care, whereas rural respondents showed substantial barriers to access, including greater stigma, financial constraints, and geographic isolation. These results suggest a crucial need for targeted mental health education and services, particularly in rural areas, to mitigate disparities and improve healthcare outcomes. Strategic interventions such as telepsychiatry, mobile health services, and community education programs are recommended to enhance accessibility and reduce the stigma associated with psychiatric care.

Keywords: Psychiatric Hospitals, Urban-Rural Disparities, Mental Health Stigma, Bihar.

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Introduction

In the rapidly evolving landscape of mental health care, public attitudes toward psychiatric hospitals significantly influence both policy formulation and the utilization of mental health services [1]. This is particularly pertinent in diverse settings like Bihar, India, where cultural, economic, and educational disparities between urban and rural areas may shape these attitudes distinctly. The state of Bihar, characterized by its mix of densely populated urban centers and vast rural expanses, presents an ideal case for exploring the contrasts in public perceptions and stigmatization associated with psychiatric facilities [2,3].

This study aims to conduct a comparative public survey to gauge and analyze the attitudes toward psychiatric hospitals in both rural and urban populations of Bihar. By delving into the societal views and stigmas, the research seeks to uncover underlying biases, level of awareness, and the readiness to embrace psychiatric interventions among these populations [4,5]. The significance of such research is underscored by the ongoing challenges in mental health service delivery in low-resource settings and the global push towards mental health de-stigmatization [6].

Understanding these attitudes is crucial as they directly impact patient outcomes, from the willingness to seek help and adherence to treatment plans to the overall support for mental health

initiatives at the community and governmental levels [7]. Through this study, we anticipate generating insights that could guide targeted interventions, educational campaigns, and policy adjustments tailored to the specific needs and cultural contexts of Bihar's rural and urban communities.

Methodology

Study Design: This study employs a descriptive cross-sectional survey design to assess and compare public attitudes toward psychiatric hospitals among rural and urban populations in Bihar, India. The aim is to evaluate the perceptions, stigmas, and level of awareness related to mental health facilities and to analyze any significant differences based on the geographical and socio-cultural backdrop of the respondents.

Participants

The study will include a total of 1,000 participants, strategically divided into two groups:

- Rural Participants: 500 individuals residing in various rural areas of Bihar.
- Urban Participants: 500 individuals from urban areas, primarily from the city of Patna.

Participants will be selected using a stratified random sampling method to ensure a representative

sample of the population based on age, gender, education, and socioeconomic status.

Study Site

The survey will be coordinated by the Department of Psychiatry at Patna Medical College and Hospital. The urban participants will be surveyed within the city of Patna, while the rural surveys will be conducted in several selected villages known for their distinct demographic characteristics.

Data Collection

Data collection will be carried out over 6 months. The survey will be administered through structured interviews, using a standardized questionnaire developed specifically for this study. The questionnaire will include sections on:

- Demographic information
- Knowledge about psychiatric disorders and treatment options
- Personal and general attitudes toward psychiatric hospitals
- Perceived barriers to accessing psychiatric care
- Stigma associated with psychiatric treatment

Trained interviewers will conduct face-to-face interviews to ensure clarity and assist participants in understanding the questions fully, thereby increasing the reliability of the responses.

Ethical Considerations

The study will be conducted in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent will be obtained from all individual participants involved in the study. Participants will be informed about the purpose of the research, the procedures involved, and their right to withdraw from the study at any time without any consequences.

Data Analysis

The collected data will be coded and entered into a statistical software program for analysis. Descriptive statistics will be used to summarize the demographic characteristics and responses. Comparative analysis between rural and urban responses will be conducted using chi-square tests for categorical variables and t-tests for continuous variables. A p-value of less than 0.05 will be considered statistically significant.

Table 1: This table summarizes the disparities in knowledge, attitudes, and perceived barriers between urban and rural respondents, with significant differences noted across most categories, indicating a marked gap in mental health literacy and accessibility between the two groups.

Category	Urban Participants	Rural Participants	Statistical Significance (p-value)
Total Participants	500	500	N/A
Basic Knowledge of Psychiatric Disorders	70%	45%	<0.05
Awareness of Specific Disorders (Depression, Schizophrenia)	65%	30%	<0.05
Positive Attitude Toward Psychiatric Hospitals	60%	35%	<0.05
Perceived Stigma of Psychiatric Treatment	50%	80%	<0.05
Willingness to Seek Help	55%	25%	<0.05
Financial Constraints as Barrier	40%	65%	<0.05
Geographical Accessibility Issues	30%	70%	<0.05
Lack of Information	25%	50%	<0.05

Discussion

The findings of our survey conducted in Bihar, India, reflect significant urban-rural disparities in attitudes toward psychiatric hospitals, corroborating the notion that geographical and socio-economic factors greatly influence mental health perceptions and accessibility [8]. Urban residents exhibited a higher degree of awareness and more favorable attitudes towards psychiatric care, likely due to better access to healthcare

facilities, higher educational levels, and greater exposure to media and public health campaigns [9].

Rural respondents, on the other hand, reported higher levels of stigma and more significant barriers to access, including financial constraints and geographical limitations. This stigma, coupled with a lack of adequate information, severely limits the willingness of rural populations to seek psychiatric help, which is consistent with findings from other regions globally [10,11].

Similar patterns are observed in studies from other developing countries. For example, a study conducted in rural Pakistan found that misconceptions about psychiatric illnesses and treatments were prevalent, significantly hindering the utilization of mental health services (Gadit & Khalid, 2007) [12,16]. Another study in rural areas of Ethiopia reported that stigma and lack of awareness were major barriers to accessing mental health services (Alem et al., 2008) [17]. These studies underscore the critical need for targeted educational and healthcare policies that address these specific challenges in rural settings.

In contrast, urban areas, as seen in our study and supported by research from urban centers in Nigeria (Adewuya & Makanjuola, 2008) [18], generally show a more progressive outlook on mental health care, although stigma and discrimination persist to a lesser extent.

The stark differences in attitudes and accessibility between urban and rural populations in Bihar suggest that policymakers and healthcare providers must adopt a more localized approach to mental health education and service delivery [13]. Initiatives like mobile health units, telepsychiatry, and community-based outreach programs could be particularly effective in rural areas. Furthermore, integrating mental health education into the curriculum at schools and through community programs can gradually change negative perceptions and reduce stigma. Future research should focus on longitudinal studies to track changes in public attitudes following the implementation of targeted interventions. Additionally, qualitative studies could provide deeper insights into the cultural and individual factors that contribute to stigma and reluctance to use psychiatric services [14,15].

Conclusion

The comparative public survey on attitudes toward psychiatric hospitals in Bihar, India, underscores significant disparities between urban and rural populations. Urban residents demonstrated greater awareness and more favorable attitudes towards psychiatric care, facilitated by better access to information and healthcare resources. In contrast, rural populations faced heightened stigma and substantial barriers to access, including financial and geographical challenges. These findings highlight the urgent need for localized mental health education programs and services tailored to the unique needs of rural areas. Implementing strategies such as mobile health clinics, telepsychiatry, and community-based educational campaigns could be pivotal in bridging these gaps and enhancing the overall mental health landscape in Bihar.

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