A Study To Assess The Awareness And Attitude Towards Mental Health Services Among The Rural Population In Selected Communities With A View To Develop An Awareness Programme

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Abstract:

Background: Mental health is essential for overall well-being, yet it remains neglected due to stigma and lack of awareness, particularly in rural areas. Despite the increasing prevalence of mental disorders, accessibility to mental health services is limited, especially in India, where there is a severe shortage of mental health professionals. Rural communities, including Udaipur, face significant challenges such as low awareness, stigma, and cultural beliefs that hinder help-seeking behavior. Government initiatives, like the Mental Health Act of 2017, and local efforts in Rajasthan aim to improve awareness, but gaps remain in accessibility and funding. Addressing these challenges through targeted awareness programs and community engagement can enhance mental health outcomes.

Materials and Methods: This descriptive cross-sectional study was conducted among 150 rural residents in selected communities of Girwa, Udaipur, Rajasthan, from 1st September to 30th November 2024, using a non-probability convenient sampling technique. Adults aged ≥18 years who met the inclusion criteria were interviewed using a structured questionnaire assessing awareness and attitudes toward mental health services. Data collection was conducted in Hindi and Mewari dialects to ensure better comprehension. Statistical analysis was performed using SPSS version 25, with descriptive and inferential statistics, including the Chi-square test and correlation coefficient, to examine associations. A p-value of <0.05 was considered statistically significant.

Results: Findings revealed that 48.67% had moderate awareness, while 10.66% exhibited inadequate awareness. Attitudes were predominantly neutral (52.00%), with 18.67% showing negative perceptions. A weak but significant positive correlation (r = 0.2809, p < 0.05) was found between awareness and attitude scores, indicating that increased awareness may lead to a more positive perception of mental health services. Significant associations were observed between awareness levels and factors such as gender, occupation, and income (p < 0.05), highlighting the need for targeted awareness programs.

Conclusion: The study highlights the need for targeted mental health awareness programs in rural communities, as increased awareness is associated with more positive attitudes toward mental health services, emphasizing the importance of improving accessibility and reducing stigma.

Key Word: Assess; Awareness; Attitude; Mental Health Services; Rural Population; Awareness Programme.

I. Introduction

Mental health is a critical component of overall well-being, encompassing emotional, psychological, and social aspects that influence how individuals think, feel, and act. It plays a pivotal role in determining an individual's ability to cope with life's challenges, maintain relationships, and contribute to their community. Despite its importance, mental health often remains neglected due to societal stigma and lack of awareness, leading to significant gaps in mental health services globally. For instance, globally, mental disorders affect approximately 970 million people, with higher prevalence in low- and middle-income countries[1].

Mental health services are essential for providing support to individuals experiencing psychiatric disorders. These services include professional therapies, medications, and community support systems. However, the availability and accessibility of these services vary widely across different regions. In many areas, especially rural communities, there is a shortage of mental health professionals and facilities, making it difficult for people to access necessary care. In India, for example, there is a severe shortage of mental health

professionals, with only about 5,000 psychiatrists and 2,000 clinical psychologists for a population of over 1.3 billion people[2].

Awareness and attitudes towards mental health services are crucial in determining whether individuals seek help when needed. Unfortunately, stigma and misconceptions about mental health are prevalent, particularly in rural areas. This stigma often prevents people from discussing their mental health openly or seeking professional help, leading to delayed interventions and poor mental health outcomes. A study in rural Udaipur found that 73% of respondents had favorable attitudes towards mental illness, while 27% exhibited unfavorable attitudes. Significant associations were observed between attitude scores and demographic variables like age, marital status, occupation, income, religion, and prior knowledge[1].

In India, mental health awareness and services face significant challenges. Approximately 15 million people experience chronic mental illness, highlighting the urgent need for awareness and education1. The Mental Health Act of 2017 aimed to address some of these issues by decriminalizing suicide and ensuring better access to mental health services. However, much work remains to be done to reduce stigma and improve awareness across the country. For instance, a national sample survey found that 22.5% of households in rural areas fell below the poverty line while a family member with mental illness underwent treatment, compared with 17% in urban areas[2].

At the state level, Rajasthan has initiated efforts to improve mental health awareness. For instance, in Churu district, Dr. DS Poonia's Mind Root Foundation has screened around 34,000 individuals and provided relief to about 8,000 patients through treatment programs[3]. Despite these efforts, rural areas in Rajasthan continue to face challenges related to accessibility and acceptability of mental health services.

In rural Udaipur, the challenges are more pronounced due to limited access to mental health facilities and professionals. A study conducted in Eklingpura, Udaipur, highlighted that adults often lack accurate information about mental health, leading to misconceptions and unfavorable attitudes[1]. Developing an awareness program tailored to the specific needs of this region could help bridge the gap in mental health services and improve attitudes towards seeking help. There are several gaps in mental health services, particularly in rural areas like Udaipur. These include:

• Availability and Accessibility: Limited availability of mental health professionals and facilities, coupled with transportation barriers, makes it difficult for rural residents to access care[4].
• Awareness and Stigma: Low awareness and high stigma surrounding mental health issues deter individuals from seeking help[1].
• Cultural and Traditional Beliefs: In many rural communities, traditional beliefs and practices often overshadow modern mental health interventions, leading to delayed or inadequate treatment[5].
• Funding and Resources: Mental health initiatives are often underfunded, limiting the scope and effectiveness of awareness programs and service delivery[3].

Addressing these gaps through targeted awareness programs and community engagement strategies can help improve mental health outcomes in rural communities.

II.   Material And Methods
This descriptive cross-sectional study was conducted among the rural population in selected communities of Udaipur, Rajasthan, from 1st September 2024 to 30th November 2024. A total of 300 adult subjects (both male and female) aged ≥18 years were included in the study.

Study Design: Descriptive cross-sectional study

Study Location: This was a community-based study conducted in selected rural areas of Girwa, Udaipur, Rajasthan.

Study Duration: 1st September 2024 to 30th November 2024.

Sample size: A total of 150 rural residents selected using convenient sampling from different villages in Udaipur district.

Population: In the present study the population consist adults (aged ≥18 years) residing in the selected villages of Udaipur district who meet the inclusion criteria.

Sampling techniques: The study adopts a non-probability convenient sampling technique to select samples.

Inclusion criteria:
• Rural residents aged ≥18 years.

- Both male and female participants.
- Individuals willing to participate in the study.
- Residents who have lived in the selected communities for at least one year.

Exclusion criteria:
- Individuals with a diagnosed psychiatric illness.
- Participants currently undergoing mental health treatment.
- Residents who refuse to provide informed consent.
- Individuals with severe cognitive impairment affecting their ability to respond.

Procedure methodology: The researcher adopted a non-probability convenient sampling technique to select 150 participants for the study. After obtaining written informed consent, data collection was conducted using a structured questionnaire. The socio-demographic details of the participants were recorded first. The questionnaire was designed to assess awareness about mental health and attitudes toward mental health services. Data collection was carried out through face-to-face interviews by trained investigators. To ensure better comprehension, the questionnaire was administered in Hindi and Mewari dialects, allowing participants to respond comfortably in their preferred language. Confidentiality and anonymity of all responses were strictly maintained to encourage honest participation.

Statistical analysis: The collected data was analyzed using SPSS version 25. Descriptive statistics, including mean, frequency, percentage, and standard deviation, were used to summarize socio-demographic characteristics and awareness levels. Inferential statistical tests were applied to explore associations and relationships: the Chi-square test was used to assess the association between awareness levels and demographic factors, and the correlation coefficient was used to examine the relationship between awareness and attitude towards mental health services. A p-value of <0.05 was considered statistically significant, indicating meaningful differences or associations within the study findings.

III.   Result

The data obtained are divided into sections for easy and accurate interpretation of data. The data finding has organized under the following section:

Section - I: Distribution of samples based on their demographic variables.
Section - II: Distribution of samples based on their level of awareness and attitude towards mental health services.
Section - III: Correlation between the level of awareness and attitude score towards mental health services.
Section - IV: Association between levels of awareness and attitude with their selected demographic variables.

Section - I: Distribution Of Samples Based On Their Demographic Variables:

The demographic data consists of 10 items seeking information about the age (in years), gender, marital status, educational qualification, occupation, monthly family income (INR), type of family, duration of residence in the rural community, history of mental health issues in the family, and previous exposure to mental health awareness programs..

Table-1: Description of demographic variables
N = 150

S.N.	Demographic Variable		Frequency (n)	Percentage (%)
1	Age (in years)	18–30 years	46	30.67
		31–45 years	26	17.33
		46–60 years	47	31.33
		Above 60 years	31	20.67
2	Gender	Male	41	27.33
		Female	109	72.67
3	Marital Status	Married	111	74.00
		Unmarried	31	20.67
		Widowed	8	5.33
		Divorced/Separated	0	0.00
4	Educational Qualification	No formal education	55	36.67
		Primary education	21	14.00
		Secondary education	54	36.00
		Higher secondary and above	20	13.33
5	Occupation	Unemployed	38	25.33
		Daily wage worker	42	28.00

		Farmer	13	8.67
		Private employee	13	8.67
		Government employee	10	6.67
		Self-employed	34	22.67
6	Monthly Family Income (INR)	Below ₹10,000	30	20.00
		₹10,000–₹20,000	55	36.67
		₹20,001–₹30,000	33	22.00
		Above ₹30,000	32	21.33
7	Type of Family	Nuclear Family	20	13.33
		Joint Family	115	76.67
		Extended Family	15	10.00
8	Duration of Residence in the Rural Community	Less than 5 years	68	45.33
		5–10 years	65	43.33
		More than 10 years	17	11.33
9	History of Mental Health Issues in the Family	Yes	7	4.67
		No	143	95.33
10	Previous Exposure to Mental Health Awareness Programs	Yes	40	26.67
		No	110	73.33

Table-1 presents the distribution of demographic characteristics of the study participants (N = 150).

1. **Age Distribution**: Among the participants, the highest proportion belonged to the 46–60 years age group, with 47 participants (31.33%). A total of 46 participants (30.67%) were aged between 18–30 years, followed by 31 participants (20.67%) in the above 60 years category. The lowest representation was from the 31–45 years age group, comprising 26 participants (17.33%).
2. **Gender**: A majority of the study population were females, with 109 participants (72.67%), while 41 participants (27.33%) were males. This indicates a higher female participation in the study.
3. **Marital Status**: Most participants were married, accounting for 111 participants (74.00%). Unmarried individuals comprised 31 participants (20.67%) of the sample. A small proportion of participants was widowed, with 8 participants (5.33%), while none reported being divorced or separated (0.00%).
4. **Educational Qualification**: A significant proportion of participants had no formal education, totaling 55 participants (36.67%). Those with secondary education comprised 54 participants (36.00%). A smaller proportion had completed only primary education, with 21 participants (14.00%), while 20 participants (13.33%) had attained higher secondary education or above.
5. **Occupation**: Among the participants, the largest occupational group was daily wage workers, with 42 participants (28.00%), followed by unemployed individuals, with 38 participants (25.33%). A notable number were self-employed, with 34 participants (22.67%). Farmers and private employees each accounted for 13 participants (8.67%), while the lowest proportion were government employees, with 10 participants (6.67%).
6. **Monthly Family Income**: The majority of participants, with 55 participants (36.67%), reported a monthly family income between ₹10,000–₹20,000. A total of 33 participants (22.00%) earned between ₹20,001–₹30,000, while 32 participants (21.33%) had a family income above ₹30,000. The lowest proportion, with 30 participants (20.00%), had an income below ₹10,000.
7. **Type of Family**: The majority of participants belonged to joint families, with 115 participants (76.67%). A smaller proportion was from nuclear families, with 20 participants (13.33%), while 15 participants (10.00%) were from extended families.
8. **Duration of Residence in the Rural Community**: A considerable proportion of participants had been residing in their rural community for less than 5 years, with 68 participants (45.33%). Those who had been living in the area for 5–10 years accounted for 65 participants (43.33%). A small percentage, with 17 participants (11.33%), had resided in the community for more than 10 years.
9. **History of Mental Health Issues in the Family**: The majority of participants, with 143 participants (95.33%), reported having no history of mental health issues in their family, while only 7 participants (4.67%) had a family history of mental health conditions.
10. **Previous Exposure to Mental Health Awareness Programs**: A large proportion of participants, with 110 participants (73.33%), had never been exposed to mental health awareness programs. However, 40 participants (26.67%) reported having previous exposure to such programs, indicating a need for increased awareness initiatives.

This demographic analysis provides insight into the socio-economic and residential characteristics of the study participants, which can influence their awareness and attitudes toward mental health services.

Section - Ii: Distribution Of Samples Based On Their Level Of Awareness And Attitude Towards Mental Health Services:

This section presents the distribution of study participants based on their level of awareness and attitude towards mental health services. Awareness about mental health plays a crucial role in shaping individuals' perceptions, reducing stigma, and improving healthcare-seeking behaviors. Similarly, attitude towards mental health services determines the willingness of individuals to seek professional help when needed. Understanding these aspects helps in identifying gaps and formulating appropriate intervention strategies to enhance mental health literacy in rural communities.

Table-2: Frequency and percentage distribution of samples based on level of awareness
N = 150

Level of Awareness	Frequency (n)	Percentage (%)
Inadequate awareness	16	10.66
Moderate awareness	73	48.67
Adequate awareness	61	40.67
Total	**150**	**100.00**

Table-2 presents the distribution of participants based on their level of awareness regarding mental health services. The findings indicate that 16 participants (10.66%) had inadequate awareness, suggesting a lack of knowledge about mental health conditions, symptoms, and the availability of mental health services. A considerable proportion of participants, 73 (48.67%), demonstrated a moderate level of awareness, implying that while they possess some understanding of mental health issues, there are still gaps that need to be addressed through educational initiatives. Meanwhile, 61 participants (40.67%) exhibited adequate awareness, indicating a relatively good understanding of mental health conditions and services. These results highlight the necessity for targeted awareness programs to bridge the knowledge gap among individuals with inadequate and moderate awareness, ultimately improving mental health literacy and access to appropriate services in rural communities.

Table-3: Frequency and percentage distribution of samples based on level of attitude
N = 150

Level of Attitude	Frequency (n)	Percentage (%)
Negative attitude	28	18.67
Neutral attitude	78	52.00
Positive attitude	44	29.33
Total	**150**	**100.00**

Table-3 presents the distribution of participants based on their attitude towards mental health services. Out of 150 respondents, 28 (18.67%) exhibited a negative attitude, indicating reluctance or unfavorable perceptions regarding mental health services. The majority of the participants, 78 (52.00%), demonstrated a neutral attitude, suggesting uncertainty or a lack of strong opinions about mental health services. Meanwhile, 44 (29.33%) had a positive attitude, reflecting acceptance and willingness to seek mental health support if needed. These findings highlight the need for awareness programs to shift more individuals from neutral or negative attitudes towards a positive perception of mental health services.

Section - Iii: Correlation Between The Level Of Awareness And Attitude Score Towards Mental Health Services:

This section explores the correlation between the level of awareness and attitude scores among the study participants. By analyzing statistical measures such as the correlation coefficient, we can determine whether a significant relationship exists between these two variables.

Table-4: Correlation between the level of awareness and attitude score

Variables	Mean	SD	Mean Difference	df	Calculated Correlation Coefficient (r) Value	Inference (P Value = 0.05)
Knowledge	11.64	3.29	44.86	149	0.2809**	S (0.174308)
Attitude	56.50	7.04				

Table-4 presents the correlation between awareness and attitude scores regarding mental health services. The mean knowledge score among participants was 11.64 with a standard deviation (SD) of 3.29, whereas the mean attitude score was 56.50 with an SD of 7.04. The calculated correlation coefficient (r) was 0.2809, indicating a positive but weak correlation between awareness and attitude towards mental health

services. The p-value (0.174308) suggests that the correlation is statistically significant at the 0.05 level, meaning that as awareness about mental health services increases, attitudes tend to become more positive. However, the relatively low correlation value implies that other influencing factors may also play a role in shaping attitudes toward mental health services. These findings highlight the importance of targeted educational interventions to strengthen the link between awareness and a positive attitude.

Section - Iv: Association Between Levels Of Awareness And Attitude With Their Selected Demographic Variables:
This section examines the association between awareness and attitude levels with selected demographic variables using the Chi-square test. By identifying significant relationships, the study aims to determine how socio-demographic factors such as age, gender, education, occupation, income, and previous exposure to mental health programs impact individuals' knowledge and perceptions. The findings from this analysis will help in designing targeted awareness programs and policy recommendations to improve mental health service utilization in rural communities.

The association between awareness levels and selected demographic variables among the study participants. The Chi-square test was used to determine statistical significance at a 0.05 level. The results showed a significant association between awareness levels and **gender** (df = 2, χ^2 = 10.89, p < 0.05), indicating that males and females differ in their awareness of mental health services. Similarly, **occupation** (df = 10, χ^2 = 21.237, p < 0.05) and **monthly family income** (df = 6, χ^2 = 13.661, p < 0.05) were significantly associated, suggesting that employment and economic status influence awareness levels. **Duration of residence** (df = 4, χ^2 = 10.37, p < 0.05) also showed significance, highlighting that individuals living longer in rural areas have different awareness levels. **History of mental health issues in the family** (df = 2, χ^2 = 6.366, p < 0.05) and **previous exposure to awareness programs** (df = 2, χ^2 = 13.912, p < 0.05) were significantly related to awareness, emphasizing the role of personal and educational experiences. However, **age (df = 6, χ^2 = 5.321, p > 0.05), marital status (df = 6, χ^2 = 9.363, p > 0.05), educational qualification (df = 6, χ^2 = 8.32, p > 0.05), and type of family (df = 4, χ^2 = 5.321, p > 0.05)** did not show a significant association, indicating that these factors do not strongly influence awareness. These findings highlight the importance of targeted interventions focusing on employment groups, low-income populations, and awareness programs to enhance mental health knowledge in rural communities.

The association between attitude levels towards mental health services and selected demographic variables among the study participants. The Chi-square test was used to determine statistical significance at a 0.05 level. The results indicate that **gender** (df = 2, χ^2 = 11.632, p < 0.05) was significantly associated with attitude levels, suggesting that males and females differ in their attitude towards mental health services. Similarly, **marital status** (df = 6, χ^2 = 12.917, p < 0.05), **educational qualification** (df = 6, χ^2 = 16.2, p < 0.05), and **type of family** (df = 4, χ^2 = 13.222, p < 0.05) showed significant associations, indicating that marital and educational status, as well as family structure, influence attitudes towards mental health services. Additionally, **history of mental health issues in the family** (df = 2, χ^2 = 9.315, p < 0.05) and **previous exposure to mental health awareness programs** (df = 2, χ^2 = 6.943, p < 0.05) were also significantly associated, emphasizing the role of personal experience and prior education in shaping attitudes. However, **age (df = 6, χ^2 = 2.316, p > 0.05), occupation (df = 10, χ^2 = 7.815, p > 0.05), monthly family income (df = 6, χ^2 = 5.331, p > 0.05), and duration of residence in the rural community (df = 4, χ^2 = 7.611, p > 0.05)** did not show a significant association, indicating that these factors do not strongly influence attitude levels. These findings suggest the need for targeted awareness programs focusing on specific demographic groups, particularly those with lower educational backgrounds and limited exposure to mental health awareness programs.

IV.   Discussion

The present study assessed the awareness and attitude towards mental health services among the rural population in selected communities of Udaipur, Rajasthan. The findings revealed that while a significant proportion of participants (48.67%) had moderate awareness, 10.66% exhibited inadequate awareness regarding mental health services. Additionally, attitudes toward mental health services were predominantly neutral (52.00%), with 18.67% of participants showing negative attitudes. A weak but significant positive correlation (r = 0.2809, p < 0.05) was observed between awareness and attitude scores, suggesting that increased awareness can lead to a more positive perception of mental health services.

The results align with previous studies emphasizing low mental health literacy in rural populations. A study by Kumar et al. (2020) in rural India found that 42% of participants had limited awareness regarding mental health conditions and available services[6]. Similarly, Jorm (2012) emphasized that a lack of awareness contributes to delayed help-seeking behaviors and increased stigma[7]. The current study also found that only 26.67% of participants had previous exposure to mental health awareness programs, reinforcing the need for targeted awareness campaigns in rural areas. In terms of attitudes toward mental health services, the present

study observed that 18.67% of participants held negative attitudes, while 52.00% had a neutral stance. This finding is consistent with research conducted by Gaiha et al. (2020), which highlighted that negative societal beliefs and misconceptions about mental illness contribute to hesitancy in seeking professional help[8]. Similarly, Thornicroft et al. (2016) indicated that rural populations often associate mental health services with severe mental disorders, leading to reluctance in accessing them for mild-to-moderate conditions[9].

The study also found a significant association between awareness levels and gender (p < 0.05), occupation (p < 0.05), and monthly family income (p < 0.05). These findings are consistent with a study by Sinha et al. (2019), which identified that males often have lower mental health awareness compared to females due to traditional gender roles and stigma surrounding emotional vulnerability[10]. The association between economic status and awareness is also supported by Patel et al. (2018), who found that individuals from higher-income households have better access to health-related information and resources[11]. The findings of this study emphasize the need for community-based mental health awareness programs tailored to rural populations. Educational initiatives, including group discussions, workshops, and digital interventions, have been found effective in previous research (Kola et al., 2021)[12]. Additionally, integrating mental health services within primary healthcare facilities can improve accessibility and reduce stigma, as suggested by the WHO's Mental Health Gap Action Programme (WHO, 2019)[13].

V. Conclusion

In conclusion, this study highlights significant gaps in awareness and attitudes towards mental health services in rural communities. The findings are consistent with prior research, suggesting that socio-demographic factors influence mental health literacy and service utilization. Future efforts should focus on targeted mental health education, stigma reduction strategies, and improved healthcare accessibility to promote mental well-being in rural populations.

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