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**Chronic mental illness, Kinsmen caregivers burden and emotional distress: A rural –urban dichotomy**

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**Background:** Schizophrenia is known to be one of the most devastating, distressing and feared of all severe mental disorders. It runs a chronic relapsing course, associated with increased mortality, poor quality of life and low recovery rates. In India, kinsmen caregivers are the main long-term care providers for over 90% of the 2 crores severely mentally ill persons.

**Aim:** Although burden of caregiving has emerged as a critically important public health issue, fewer studies have focused on burden and emotional distress of kinsmen by place of residence.

**Materials and Method:** Face to face interviews assessed socio-demographic, burden (BAS, 1999) and emotional distress (GHQ 12) of 200 kinsmen selected through multistage, purposive random sampling, of in-patients from a GHPU with diagnosis of F-20, (ICD 10). Confidentiality assured. Data was analysed using descriptive statistics, T Test and two-way ANOVA (SPSS 16), with 95% CI.

**Results:** Kinsmen male (46.5%) and females (53.5%), comprised of parents (56%), spouses (29%), siblings (10%) and children (5%). Mean age 51.29±14.19, high school (40.5%, p<0.001), unemployed (36%, p<0.001), income Rs.10,000/- pm (54%), duration of caring >16 years (64.5%) and hailed from rural (18.5%), semi-urban (32%) and urban (49.5%) areas. A significant association between place of residence and kinsman burden (p<0.001) seen in suburban (p<0.05; physical and mental health and taking responsibility), and support of patients from rural areas (p<0.001; lack of external support and patient's behaviour). While children from rural areas reported highest burden, children from urban areas faced least amount of burden. Spouses from semi-urban (97.58) and urban areas (96.37) faced higher burden. Emotional distress was significantly higher in female kinsmen (p<0.01) on all three domains on anxiety and depression (p<0.01), social dysfunction and loss of confidence (p<0.05).

**Recommendations and Conclusions:** Despite major advances in neurosciences and psychopharmacology, schizophrenia remains a major global burden. A wide treatment gap exists between services and needs for 50% to 90% who are unable to access evidence based psychosocial interventions and rehabilitation services that are unavailable, inaccessible or unaffordable. Adjuncts like family-interventions and family support groups are ways to minimize collateral damage and empower kinsmen to become advocates for improvements to mental health services, thereby reducing their burden and enhancing well-being.

**Biography**

J Harini Christopher is the recipient of the Best Free Oral Paper awarded by the 21<sup>st</sup> World Congress on Mental Health, 2017 and another on mental health in the work place, WCMH, 2017 and co-author of Lester Fernandez Studentship, 2016. She obtained her Doctoral degree in Social Work. Prior to taking a position at Sampurna Monfort College, she worked as Professor at the CMR University, Bangalore and BALM, Chennai, affiliated to the TISS University, Mumbai and earlier at the Dept. of Psychiatry, SJMCH. She has worked in the field of mental illness for over 19 years and her main activities revolve around clinical work, academia and research relating to psychological well-being of different sections of society, which have been presented at National and International conferences and published. She has conducted training programs with NIMH, NTA, KPAMRC and RCI and founding board member of the Persons with Cerebral Palsy and Neuro Muscular Disorders and Board Director of the Centre for Counseling, Research, Training and Consultancy.

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