

Schizophrenia & Stigma



How to Welcome People Affected
by Stigmas of Mental Illness

Description of schizophrenia

Schizophrenia is a mental illness that is commonly misunderstood and is considered by many to be a mystery (Fischer, 2012). In truth, schizophrenia is one of the leading causes of long-term disability in the world and affects about 1% of the population. Schizophrenia typically appears when an individual is between 16 and 30 years old, though it is not known exactly what causes an individual to develop schizophrenia. There is a strong argument suggesting that schizophrenia is inherited, because rates of schizophrenia are much higher among relatives of other individuals diagnosed with schizophrenia. In fact, twin and adoption studies have shown that someone is ten times more likely to develop schizophrenia if an immediate family member also has schizophrenia. Various environmental factors also play a role in a person's risk of developing schizophrenia, such as poverty, lower social class, and being born in an urban area versus a rural area (Mueser et al., 2004).

Hallucinations are the symptom most commonly associated with schizophrenia, though individuals with schizophrenia experience other symptoms as well. There are three types of symptoms an individual with schizophrenia might experience: psychotic symptoms, also known as positive symptoms, such as seeing/hearing/smelling/feeling things others cannot (hallucinations), false beliefs (delusions), and loss of contact with reality; negative symptoms such as lack of pleasure, social withdrawal, and self-neglect; and symptoms of cognitive impairment such as problems paying attention and concentrating, slower movement, and troubles with learning, memory, and abstract thinking (Mestdagh et al., 2012; Mueser et al., 2004).

Schizophrenia usually develops slowly, and individuals will experience negative symptoms and symptoms of cognitive impairment before they will experience psychotic symptoms. Schizophrenia is typically considered a lifelong illness in which individuals experience some impairment throughout their lives, but schizophrenia is not always chronic. While a majority of individuals diagnosed with

schizophrenia will maintain treatment throughout their lives, some people who have had an episode of schizophrenia will seem to recover and have no symptoms, even without treatment (Fischer, 2012).

Though it is considered a severe mental illness, schizophrenia is a very manageable disorder. There are several ways in which someone can manage their schizophrenia, though medication is the most common treatment. Antipsychotics are most commonly used for schizophrenia because they reduce psychotic symptoms such as delusions and hallucinations. Antidepressants and mood stabilisers are also commonly prescribed to help with the negative symptoms also associated with schizophrenia. Schizophrenia can also be managed via a variety of therapies that seek to help individuals cope with symptoms and prevent relapse by developing independent living, relationship, and work skills (Mueser et al., 2004). With proper management and treatment, symptoms of schizophrenia can be reduced and individuals are able to live and function just like people who have not been diagnosed with schizophrenia (Van Brunt et al., 2016).

Myths or misconceptions about schizophrenia

People with schizophrenia are violent

Media often portrays individuals with mental illness as being violent and dangerous, which is an undeserved reputation. In truth, 90% of people diagnosed with a mental illness have no history of violence and it is estimated that people with mental illness are eleven times more likely to be a victim of a violent crime than someone without mental illness. Many people also view individuals who have recently been hospitalized for psychiatric assistance as being a risk or somehow dangerous. However, even after recent hospitalization, individuals with mental illness are not considered to be more dangerous than someone without mental illness (Van Brunt et al., 2016).

Schizophrenia is equally common in men and women

Schizophrenia looks slightly different in women than it does in men. For example, the age of onset is later in women than it is in men and it is often believed that women experience milder symptoms

of schizophrenia than men do and often report better social functioning. However, even though schizophrenia manifests differently in men and women, many people, and even clinicians, often assume that schizophrenia is equally common in men and women (Mueser et al., 2004). In reality, men consistently display higher incidences of schizophrenia (Fischer, 2012).

People with schizophrenia cannot be good parents

The idea that people with schizophrenia are dangerous and unstable leads many people to believe that people with schizophrenia cannot be good parents. Some studies show that the custody loss rates for parents with mental illness may be as high as 70% to 80%. In the middle of a schizophrenic episode in which someone is actively delusional or incapable of caring for themselves, they may be incapable of providing full attention to their children, much like a parent with a broken leg may be impaired in caring for their children. The truth is that, with proper management of symptoms, there is no reason that an individual with schizophrenia cannot be a wonderful parent (Van Brunt et al., 2016).

Schizophrenia is one disorder

Schizophrenia is usually understood as a single disorder, but it is plausible that it is actually multiple disorders that appear in a similar way. Imagine an umbrella; the umbrella is schizophrenia and beneath the umbrella, but still within its reach, are a variety of similar disorders. Such disorders may include catatonic, disorganized, and paranoid schizophrenia; rather than classifying these conditions as a single disorder, they might be separated while remaining under the schizophrenia umbrella. Schizophrenia disorders could also be separated by the individuals who have more positive symptoms like hallucinations and delusions, and individuals who have more negative symptoms such as depression (Fischer, 2012).

Stigma and schizophrenia

There are many existing myths and misconceptions about schizophrenia that impact how well people understand the disorder. These myths and misconceptions perpetuate stigma, an attitude founded on false beliefs that can be dangerous to people living with mental illness. Because of the many myths surrounding Schizophrenia, it is known as one of the most stigmatised mental illnesses. Stigma has many effects on people with Schizophrenia that affect virtually every aspect of a person's life. People with schizophrenia face discrimination at work, in social settings, when looking for housing, and even when seeking treatment from healthcare providers (Mueser et al., 2004). Compared to the general population, people with schizophrenia have a higher mortality rate and receive a lower quality of care than people without schizophrenia because of the negative attitude healthcare providers hold of people with schizophrenia. (Mittal et al., 2014). The stigma surrounding schizophrenia that feeds the negative attitudes of healthcare providers, friends, families, and everyone around them creates care-averse individuals who are afraid to seek treatment for their schizophrenia or other health issues because they do not feel respected by those around them (Mestdagh, 2012).

Promoting education and reducing stigma

Understanding mental illness is critical in reducing the stigma surrounding schizophrenia. Too many people remain ignorant to the truth about schizophrenia, continuing instead to buy into media portrayals of violent criminals with limited intelligence and no self control. These negative attitudes do not just have a negative impact on people directly affected by schizophrenia, but they also have a negative impact on society. With proper management of problematic symptoms, people with schizophrenia are able to lead successful and productive lives (Van Brunt et al., 2016). But without proper management of these symptoms and without social support, schizophrenia is costly, in more ways than one. Schizophrenia cost the United States \$44.9 billion in 1996 and is monopolizing psychiatric services that could be better used. For example, patients with schizophrenia make up 50% of all admissions to psychiatric hospitals and take up 25% the beds reserved for psychiatric patients. If people with

schizophrenia were to receive the proper support and treatment, these resources could be used where there is greater need.

Recently, there have been a number of successful educational campaigns making treatment more accessible via policy reform, but gains have not been made in the employment, housing, and law enforcement areas and negative stereotypes about schizophrenia continue to thrive (Abiri et al., 2015). Employing a stigma reduction program directed towards those providing such services to people with schizophrenia would result in access to better social, employment, housing, and health opportunities for individuals with schizophrenia (Mueser et al., 2004). This would, in turn, reduce the number of care-averse patients and make gains in increasing the self-esteem and self-perception of individuals with schizophrenia, ultimately making them more well-adjusted, productive, and happy (Mestdagh et al., 2013; Abiri et al. 2013)