People with schizophrenia believe that they are stigmatised at work and in the community


QUESTION: How does stigma affect the everyday lives of people with schizophrenia?

Design
Cross sectional focus group study.

Setting
4 German outpatient centres involved in the “WPA Global Programme against Stigma and Discrimination because of Schizophrenia” (no further details are provided); timeframe April 2000 - March 2001.

Participants
25 people with an ICD diagnosis of schizophrenia receiving outpatient treatment, 31 relatives of people with schizophrenia and 27 mental health professionals (psychiatrists, psychologists, social workers, occupational therapists and nurses) participated in 12 focus groups. 61% of participants were women. Invitation letters were distributed through outpatient departments, psychiatrists’ offices, relatives’ organisations, and local coordinators of an anti-stigma programme.

Data collection and analysis
To provide space for the commentary, details are provided as a webextra.

Main results
4 dimensions of stigma were identified: interpersonal interaction, structural discrimination, public images of mental illness, and social roles.

Interpersonal interaction: refers to stigma experienced in social relationships. Most participants said that a diagnosis of schizophrenia resulted in reduced social contacts. Patients said they were often ignored by neighbours and family members.

Public images of mental illness: patients and relatives felt that the negative stereotypes of mental illness in the media were discriminating and hurtful. Images of people with mental illness as violent and dangerous were seen as intrinsically stigmatising.

Structural discrimination: participants felt that stigma and discrimination were evident in imbalances and injustices in social structures, political decisions, and legal regulations. Improvements to mental health services were suggested as a way of overcoming some structural discrimination. Improvements included increased community-based and outpatient services, a focus on prevention rather than acute treatment, patient involvement in planning treatment, and greater access to information about treatment and support.

Social roles: patients felt that schizophrenia was a major obstacle to employment and professional roles. Relatives and health professionals agreed that patients often encountered criticism, mistreatment, and denial of their skills when returning to work following psychiatric treatment.

Conclusions
Patients and the relatives of people with schizophrenia believe that discrimination and negative attitudes have a great impact on their quality of life. They felt that they were structurally discriminated against in the provision of health services and access to appropriate information. There were few differences in the views of patients, relatives and health professionals.