Attitudes and Perceptions of Schizophrenia:

The perceptions of mental health professionals have of public attitudes towards schizophrenia and the effects on the recovery process.

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ACKNOWLEDGEMENTS

I would first like to thank all those who participated in the study, you were a great help and I really appreciate it.

Thank you Niall Hanlon my research supervisor for giving me guidance throughout the thesis. Thank you James Brunton the head of the department for always being there to answer any questions or queries myself or anyone else had.

A special thanks to my family and friends who had to put up with my bad moods throughout the time I was doing this research project. A very special thanks to my mother in particular who was always there to offer me support and guidance throughout this thesis. I probably would not have got this thesis done if it was not for you so I really appreciate it immensely.

Finally a thank you to my class mates who were always there to support each other and offer guidance to myself and each other.
ABSTRACT

The aim of this research project is to find out about the perceptions of mental health professionals have of public attitudes towards schizophrenia and the effects on the recovery process.

A qualitative study was carried out with semi structured interviews conducted with six mental health professionals. A thematic analysis was used to investigate the data that emerged from the interviews.

The results show that there is a negative public attitude towards schizophrenia and this can affect their recovery process depending on the circumstances. This is mainly due to the publics lack of education and awareness of schizophrenia. The conclusion summarises methods that can be taken to change this.
INTRODUCTION

“Schizophrenia refers to disturbances in thinking, feeling and relating”. (*Bernheim & Lewine, 1979, p.2*)

Schizophrenia is a mental illness that occurs all over the world and there is no definite cause for it. This research project is going to look at the perception of mental health professionals have of public attitudes towards Schizophrenia and the effects on the recovery process.

**History of Mental Health and Mental Illness**

Many people view mental health and mental illness as not being as important as physical health when in fact it is equally as important. Before delving into the insights of Schizophrenia, we will take a look at mental health and mental illness over the past few centuries.

In the nineteenth century in Ireland anyone who was suffering from a mental illness were viewed as being insane and it was deemed acceptable that these individuals would be subjected to cruel and harsh treatment such as incarceration in houses and jails. (*Quinn & Redmond, 2005, p.24*)

This improper treatment went on until the Mental Treatment Act 1945 was published and the system began to change. Under this legislation the role of Inspectors of Mental Hospital was established and their job positions were to inspect Mental Hospitals and make recommendations necessary.

There were arguments made against institutional care by Barton (1959) and Goffman (1961) asserting that institutional care did not improve individuals suffering from mental illness but only made them worse. This prompted developing of Community oriented services especially in the U.K. (*Quinn & Redmond, 2005 p.25*)
In Ireland a report which was carried out in 1966 on the Commission of Inquiry on Mental Illness recommended that hospitals for the mentally ill needed to change to a more community based service. “In addition it recommended the following:

- Integration of psychiatric services into general hospitals
- Rehabilitation of long-stay patients
- Development of outpatient services
- Specialist services for alcoholism and drug addiction, children and adolescents
- Improvement in the education of professional staff in relation to psychiatry
- Amendments to the current legislation to allow for less formal admission to Psychiatric hospitals.” *(Quinn & Redmond, 2005 p.25)*

There was slow progress to these recommendations due to financial difficulties. However, the notion of community care had been established, especially the need to care for people with mental illnesses in both the family and the community.

In 1984 a report was published on ‘The Psychiatric Services: Planning for the future’. This was established as an operational framework for developing psychiatric services, as well as a community oriented service which was both based and integrated within the community. This framework also established a better understanding for the caring of people with mental illness. “[A community-oriented service should] not result in a break with the patient’s family, work and their social commitments...the level of help and understanding shown to the mentally ill by their family, friends and workmates have a great influence on their recovery”.

*(Department of Health 1984, as cited in Quinn & Redmond, 2005, p.26)*

The Mental Health Act 2001 replaced The Mental Treatment Act 1945 and the role of Inspector of Mental Hospitals was changed to the role of Inspectors in Mental Health Services. This role noted the changes of hospital services to community based services.

The Mental Health Act 2001 also established the Mental Health Commission which
“promotes, encourages and fosters the establishment and maintenance of high standards and good practices in the delivery of mental health services.

*(Mental Health Act 2001, as cited in Quinn & Redmond, 2005, p.27)*

**History of Schizophrenia**

Before narcoleptic medication came about in the 1950’s, it was almost impossible to control the symptoms of schizophrenia. Once these medications were introduced it helped reduce and control symptoms somewhat.

As mentioned already, it was found that institutions did not help people who had a mental illnesses hence the development of humane approaches such as community based services. “A strong alliance between the person with schizophrenia, their family and the treating team has played a crucial part in improving outcome and reducing relapse rate”. *(Ward, 1996 as cited in Irish Social Worker, 2004)*

Schizophrenia is a mental illness. One person out of every 100 is likely to develop Schizophrenia. One sixth of all hospitals in Britain are suffering from Schizophrenia. The illness first comes about usually between the ages of eighteen and thirty five. Although it occurs in both men and women, it usually strikes a bit later in women. *(Irish Social Worker & Mental Health, 2004)*

In Ireland today there are roughly 39,000 people with Schizophrenia. Individuals with Depression, Autism and Asperegers syndrome are all forms and classifications of Schizophrenia. Mental illness is not a critical issue in general but it plays a central role in the lives of those who are experiencing a mental illness in Ireland, as well as around the world. *(Irish Social Worker & Mental Health, 2004)*

Schizophrenia is a very hard illness to diagnose and one may even be unaware that they have it. It is difficult for the sufferer to decide what is real and what is not real.
Schizophrenia can be divided into three categories of classifications which are hebephrenic, catatonic and paranoid. If one was a hebephrenic schizophrenic they would get it earlier than the rest before the age of twenty five and this would consist of disorganisation and hallucinations. The symptoms of catatonic schizophrenia is disturbances in thinking, can be violent, agitated, panicky and also have hallucinations. The symptoms of paranoid schizophrenia is delusions, hallucinations and being influenced by others. (Alanen, 1997, p.30)

There are a number of misconceptions associated with Schizophrenia. One such example of this is the notion of having more than one personality such as Dr Jekyll and Mr Hyde. This is not true. Schizophrenia is regarded as a disintegration of personality. Other misconceptions include that of being violent which is also untrue, people with Schizophrenia are usually timid and frightened. (Powell, 1992, p.151)

There are two types of symptoms associated which affect an individual’s thinking, feeling and relating. The first type are Positive symptoms which is regarded as something being added to a person's behaviour such as hearing voices or having delusional ideas. This will usually happen during an attack and can normally be helped and controlled with medication.

The second type is negative symptoms which is regarded as something being lost from a person such as loss of energy, interest or not knowing how to be affectionate. (Powell, 1992 p.152)

As mentioned above there are no known causes of Schizophrenia however there have been a few assertions made. Consensus view on Schizophrenia showed that vulnerability in an individual could be triggered at anytime by anything. Research has also shown that Schizophrenia is linked to change of chemicals in the brain. Another idea that came from this assertion is that Schizophrenia is caused by too much of one chemical called Dopamine but
can be fixed by medication. (Powell, 1992, p.153)

Schizophrenia does not affect memory or intelligence like other mental illnesses and therefore differs. (Alanen, 1997, p.25)

This research project aims to show the perception of mental health professionals have of public attitudes towards Schizophrenia and the effects on the recovery process. Interviews will be conducted with six mental health professionals who care for people with Schizophrenia and this should give an inside of the public perception of public attitudes towards Schizophrenia and the effects this will have on the recovery process.

The noted Recovery process for people with Schizophrenia

When talking about the recovery process for people with schizophrenia it is not necessarily meant that you will come to a point where you will be cured of the illness but that the recovery process in schizophrenia is one were you reach an optimum level of functioning.

When reviewing the literature it was found that the recovery process for Schizophrenia is not easy and even the most stable of patient’s could deteriorate rapidly over anything such as social stigma. “Even the most symptomatically stable patient can quickly decompensate in the face of everyday life events that would not evoke such a catastrophic response among the unaffected.” (Hogarty, 2002, p.90)

This indicates that public attitudes towards Schizophrenia has a strong correlation with recovery process. “Among patients who are anxious to pursue competitive employment, the range of common concerns expressed can also be disarming: how does one interview for a job, respond to criticism or praise by a supervisor, refuse unreasonable requests, negotiate a wage or pay rise, or deal with authority?” (Hogarty, 2002, p.245)
There have been very few qualitative studies carried out in Ireland on Schizophrenia so this study should add to the literature. The method of analysis which was used was a thematic analysis and it made this an interesting study.

One particular study that was carried out in Northern Ireland focused on psychotic symptoms in children and adults. “The main assessment tool used was the Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version (K-Sads) (Kaufmann, Birrualer, Bret, Rao & Ryan, 1996). The K-Sads is a semi structured diagnostic interview designed to assess current and past episodes of psychopathology in children and adolescents according to DSM-IV criteria.” (Fulton, Short, Harvey-Smith, Rushe & Mulholland, 2008)

Interviews were conducted separately between children and parents with the exception of two cases in which the child wanted their parents with them. All background information was found using K-Sads and any other relevant case notes. The Lewis-Murray Scale was used to rate and record complications that went wrong during the interview. The Pre-Morbid Adjustment scale assessed morbidity. (Fulton et.al, 2008)

The three year study recorded ninety two cases of possible psychosis. 10 people were diagnosed with Schizophrenia. Many of these individuals have psychotic symptoms such as hallucinations. The highest risk factor for Schizophrenia was family history. (Fulton et.al, 2008)

When reviewing the literature, another interesting qualitative study in New South Wales, Australia was found. This particular study looked at the meaning of Schizophrenia and interviews were conducted on individuals with Schizophrenia. Researchers who carried out this study found that participants were very frightened of what would happen to them. In order to avoid embarrassment or shame these individuals rarely left their homes which
affected many of their social relationships. (McCann & Clark, n.d)

Some participants even said that when they told their families and friends about their illness that these individuals backed away and did not want anything to do with them. It was found that there was quiet a big social stigma associated with Schizophrenia. (McCann et.al)

Depression was a big consequence of coping with Schizophrenia and suicide was one of the most regular causes for premature death when living with Schizophrenia. This data showed those individuals with Schizophrenia live their lives according to the perceptions and public attitudes towards Schizophrenia. The majority of participants not leaving their homes as they felt they were being judged by their illness.

These results are the predicted outcome of this study.

**Helping people in Ireland with Schizophrenia**

Currently in Ireland there are plans to update and develop mental healthcare by getting more funding for health care services. Also there is a big emphasis on shifting patient’s attitudes from reliance on others to care for them to encourage the patient’s to help themselves more and to play a part in their own recovery process.

“According to the World Health Organisation (WHO) people with mental health problems have to cope with stigma, exclusion, taboo, and refusal by their society to recognise the real cost of mental disorders and mental health”. (Irish Social Worker, 2004, p.23)

This can be seen in financial and human resources. In the health care budget, mental health care drops annually. Leaving people working in the health care sector with very little resources for their patients. (Irish Social Worker, 2004 p.23)

Recovery is the key aspect in the mental health policy framework. When talking about
recovery they do not necessarily mean a cure, but rather that in recovery individuals can control their symptoms and live a meaningful and productive life.

SHINE have proposed a new mental health policy framework where they will prioritise the changing of public attitudes towards people living with a diagnosis of mental illness. This will happen through public campaigning and educational workshops as well as creating community development programmes. (Irish Social Worker, 2004, p.24)
METHODOLOGY

This research project aims to show the perception of mental health professionals have of public attitudes towards Schizophrenia and the effects on the recovery process.

Interviews will be conducted with mental health professionals who care for people with Schizophrenia and this should give an inside of the public perception of public attitudes towards Schizophrenia and the effects this will have on the recovery process.

After reviewing the literature, it was noted that there was not much known about Schizophrenia by the general public. It was also noted that it has not been taken into consideration how public attitudes might affect people with schizophrenia and their recovery process.

That is why the aim of this research project is to find out Mental Health Professionals perception of public attitudes towards schizophrenia and the effects this has on the recovery process. After all Mental Health Professionals play a vital role in helping people with Schizophrenia with their needs and their recovery. For this reason also it was thought that the Qualitative method of interviews would be the best method for conducting the research.

Participants

Interviews were conducted with six mental health professionals. Six was the limit due to time consumption and the fact that many people were unwilling to participate in the study. The mental health professionals were interviewed in confidentiality and therefore they will not be named. Access to these participants were gained by the researcher who approached those who work in organisations and practices within the surroundings of the researchers own community.
It was found that the interviews were the best methods of research as all mental health professionals gave a diverse and detailed account of the daily lives of people with schizophrenia as well as giving vital information regarding the research question.

**Ethics**

A proposal form underlying all aspects of this research project was submitted to an ethics committee before the researcher started any work and it was given approval of authorisation.

**Design**

A qualitative approach to this study was used as it was thought interviews would be the best method of investigating this type of research. Semi structured interviews were conducted as it gave the opportunity for other topics relating to schizophrenia to arise and to be investigated. A Thematic analysis was used so as to look at a wide range of themes relating to the study in depth.

**Apparatus**

The researcher got the participants consent to allow the use of a Dictaphone to record all interviews as it were thought to be the best method to capture all aspects of the interview.

**Procedure**

The aim of this research project is to find out about the perceptions of mental health professionals have of public attitudes towards schizophrenia and the effects on the recovery process. This was done by interviewing the mental health professionals and questioning them on their experiences in their organisations and practices of working with people with schizophrenia, asking them their perceptions of public attitudes towards schizophrenia, whether people with schizophrenia integrate well within the community, whether they think there is a stigma attached to schizophrenia, whether in their experience they find people with
a history of schizophrenia find it hard to get work within a community, in their opinion is there a need to change public attitudes towards schizophrenia and if so in what ways.

**Limitations**

This study was limited as it was a small scale study and only six mental health professionals were interviewed and therefore their views may not be the views of the entire mental health profession. Also it could be better if both a qualitative and quantitative study were carried out on this topic as you may get better results.

**Methods of analysis**

This research will be analysed using thematic analysis as it is the best method in analysing the different aspects and themes of schizophrenia especially that of the public attitudes towards schizophrenia.
RESULTS

Mental health professionals were interviewed on their perceptions of public attitudes towards schizophrenia and the effects on the recovery process. Following the interviews, a thematic analysis was conducted and the following themes emerged.

Health

As mentioned in the literature review, mental health is not seen as important by the public as physical health when in fact it is equally as important. The mental health professionals who were interviewed were concerned about the amount of people who did not look after their mental health. “People do not like dealing with mental illness as such and it really should be treated like any other disease like cancer, heart disease, blood pressure etc”. (Psychiatric nurse)

Especially for those who have been diagnosed with a mental illness such as schizophrenia it is important that they should stick with and comply with the medication and treatments they are on so as they will be able to have an optimum level of functioning and so as they will not relapse. “But more than often what happens is that people take their medication and suddenly feel ah well I am grand now, I don’t need to take my medication anymore and they stop taking it”. (Psychiatric nurse) Schizophrenia is a lifetime illness and you need to comply with medications and treatments in order to have somewhat of a normal lifestyle.

Hospitals

Hospitals is a major subtheme that comes under health as there are many different forms of hospitals to help people with schizophrenia and other forms of mental illness. Hospitals, Psychiatric institutions, Psychiatric units, Rehabilitation hostels and Outpatient clinics are all there to help people with schizophrenia and any mental illness depending how severe their illness is and the situation.
**Medication**

Medication is another major sub theme which comes under the theme of health. It is important for people with schizophrenia to take their medication as if they comply with medication they can have an optimum level of functioning. Where as if they do not adhere to the taking of medication they can relapse and their illness could get worse.

“It has to be managed all through their lives and (pause) managed when I say manage I mean they have to adhere to a certain regime of medication and to maintain a normal lifestyle as they can and if it is managed in a way that their compliant to their meds and adhere to whatever medication their on, and take it, take it then they could possibly slot into a normal life.” (Psychiatric nurse)

**Hygiene**

Hygiene was another theme and issue which arised. When interviewing the mental health professionals it was noted that people with schizophrenia take hygiene for granted. It is a symptom of schizophrenia and a side affect of medication that people with schizophrenia have no sense of hygiene and do not try to be hygienic. “Some of them would be affected like you know you and I would take for granted eh personal hygiene, they are one of the biggest symptoms that people experience.” (Psychiatric nurse)

Also a part of your daily work being a psychiatric nurse you would wash patient’s in the psychiatric unit and check their hair for nits as they would not be inclined to do it themselves. “When they come in from spending time at home they might not always be very hygienic and we always have to check their hair”. (Psychiatric nurse)

**Emotions**

Emotions is another big theme as people with schizophrenia go through a lot of
emotions such as being severely depressed and paranoid more so than people who do not have schizophrenia or do not have a mental illness. Schizophrenia can be a horrendous illness to go through and it can wear you out.

**Symptoms and Treatments of Schizophrenia**

When interviewing the mental health professionals the topic of symptoms and treatments of schizophrenia was mentioned a lot and is therefore a major theme of the study. “What we would normally do is if someone came in with Schizophrenic symptoms, we would normally treat them immediately ok. In a situation once we have identified them with Schizophrenia we put them on medication and the procedure then is that they referred straight through to hospitals”. (G.P) As mentioned in the literature review and again in the interviews there are many symptoms of schizophrenia, positive symptoms include paranoia, hallucinations and delusional ideas. “Plotting plans like what they would actually do to themselves that day or to somebody else”. (Psychiatric nurse)

Negative symptoms include being withdrawn, anti-social, unhygienic and not being able to be affectionate. “They would relapse and I don’t know, they might have difficulty with skills they would have lost and might need to improve on. It could be anything like actually eating and preparing food for themselves”. (Psychiatric nurse)

Also medication can have side effects which was a concern for the mental health professionals interviewed as people with schizophrenia can end up having even more symptoms after being diagnosed. “The way they walk in, the way they sit down and they start fidgeting and all this kind of stuff its bizarre but integrating into society I’m sure it is extremely difficult and their illness you know the medication they’re taking can have side effects on their illness such as weight gain and if someone walked in like that you’d know by the person and the public would too like they might walk in and be overweight and their
eyebrows are missing and you know. Their demeanour itself and there’s a lot of ways you can tell people have it. So then they would be wary of that too.” (G.P)

Also as mentioned in the literature review and the interviews there are many different treatments for schizophrenia. As part of the mental health professionals work they would have to find the right treatments for the right patients; this may be just medication “Yeah like now in Lakeview they go upstairs and they have therapy and they have fantastic things, the beautician comes in am, they get their hair done a hairdresser comes in they get their nails done. They have discussions like dieticians come in and they have relaxation classes for the patients you know”. (Psychiatric nurse) These treatments are part of the recovery process to get the patients to an optimum level of functioning.

The most controversial type of treatment used to help people with schizophrenia is ECT (Electric Compulsive Therapy) which is shock therapy given to patients by two electrodes. All the mental health professionals who were interviewed disagreed with ECT treatment. “Now it works for some, it doesn’t work for most people. Personally I would be against it, it shrinks the brain.”

**Public Attitudes towards Schizophrenia**

Public attitudes towards schizophrenia would be one of the most dominant themes in the study as it is also part of the general research question of the study. From interviewing the mental health professionals it was found that attitudes have changed over the years in that their not as severe anymore but there was still quiet a negative public attitude and stigma towards people with schizophrenia and more needs to be done to change these attitudes.

The discussion section of this report will outline the different aspects of the public attitudes towards schizophrenia in greater detail.
Changing Negative Attitudes towards Schizophrenia

This theme would also be very much one of the dominant themes of this study. All the mental health professionals interviewed felt that a lot needed to be done to change the negative attitudes towards schizophrenia. Again mental health professional’s suggestions of ways in which to change negative attitudes towards schizophrenia will be outlined in further detail in the discussion section of this report.

Education

Education is a major sub theme of changing negative attitudes towards schizophrenia. The public in general do not know enough about schizophrenia as they have never been educated on it and therefore discriminate against people who have schizophrenia or any mental illness for that matter. The results show that this can only be changed by changing the educational system by introducing information on schizophrenia and mental illness into the educational curriculum, creating more awareness by ads on television and introducing community schemes to help people who may be suffering from a mental illness such as schizophrenia. This point will be discussed further in the discussion section and conclusion of this research project report. “That is where the public should be kind of educated more, there should be leaflets given out to people telling you how to deal with people that is what I would suggest.” (Psychiatric nurse)
DISCUSSION

The aim of this research is to find out about the perceptions of mental health professionals have of public attitudes towards schizophrenia and the effects on the recovery process.

The discussion section of this report will critically analyse the results of this study. Again there are weaknesses/limitations to this research project as it is a small scale study.

Background

The mental health professionals were all asked firstly to give a vivid account of their day to day work with people with Schizophrenia. They all gave a detailed daily account of their dealings with people with schizophrenia which can be read on the transcripts on interviews, the challenges they faced and the processes they go through to try and get people with Schizophrenia into an optimum level of recovery. The following quote is one of the many examples of the work they do “You observe the patients mental progress, you observe the taking of medication which switches the weekly or two weekly injections, observe if they are losing weight and patients react to other patients and to staff”. It was noted that they were all passionate about their career and worked very hard to help their patients.

Mental health professional’s perceptions of public attitudes towards people with schizophrenia

The majority of mental health professionals who were interviewed felt that there was a negative public attitude towards schizophrenia with people not giving them a chance.

“I feel the public attitude towards Schizophrenia needs improvement, dealing with the public and relatives during my career needed a lot to be desired. Ignorance in the field is still unfortunately lacking.” (Psychiatric nurse) They felt people were uneducated about schizophrenia and therefore would exclude people with a mental illness just because they were wary and unsure of what may happen if they were to deal with people with schizophrenia. They mainly felt people were discriminative just because they were afraid not
because they were being horrible. “They probably find living in society difficult but I think they don’t find it that difficult as people who don’t have schizophrenia find it difficult living with people who may have schizophrenia”. (Health Executive)

“Media analyses of film and print representations of mental illness reveal three common misconceptions: that people with mental illness are homicidal maniacs who need to be feared; that they have childlike perceptions of the world that should be admired; and that they are rebellious free spirits”. (Farnia, 1998; Gabbard & Gabbard, 1992; Monahan, 1992; Wahl, 1995 as cited in Corrigan & Penn, 2001, p.182)

Some mental health professionals also felt that the media also contributed to this by making out those individuals with schizophrenia were extremely dangerous when in fact it would only be very small percentages that are. “They scare the public and make it out that these people are dangerous when their less dangerous than anyone else in society”. (Health Executive)

As mentioned in the literature review by the Irish Social Worker article it is a big misconception of schizophrenia that people who suffer from it are dangerous and harmful when they are usually very timid and frightened people.

**Mental health professional’s perceptions of schizophrenia and the community**

The majority of participants interviewed agreed that people with schizophrenia do find it hard to integrate within a community. A lot of the time it can because of the medication their on which can have side effects and they may not want to leave their homes or they would not think about their hygiene. “They can have difficulty to get on in the community and they constantly need you know reinforcement and encouragement and all that kind of thing”. (Psychiatric nurse)

At other times it could be because of lack of confidence and paranoia due to their illness.
“They do yeah due to lack of confidence; they may become paranoid with certain people like paranoid in such a way that they would think food is poisonous or if in my example of my patient moving in next door they would be watching me with binoculars (laugh)”.

(Psychiatric nurse)

Those participants who thought that people with schizophrenia would be ok integrating within the community felt that if they took their medication on a regular basis they would have an optimum level of functioning and would therefore not be a problem. However they did say that individuals within a community may discriminate against people with schizophrenia and this would make it hard for them. “No not necessarily, if it was detected early enough and they medicated themselves and they you know comply with treatments that are offered to them I don’t think it would affect them, although you know they can be discriminated against in society and would then find it hard.” (Psychiatric nurse)

**Mental health professional’s perceptions of a suggested stigma being attached to schizophrenia**

Studies show that many people agree that there should be a stigmatising attitude towards people with schizophrenia. This would be because there is a lack of education and awareness. Studies show that there are three main causing factors over why the general public would stigmatise and stereotype people with schizophrenia. These are Fear and exclusion, Authoritarianism and Benevolence. (Corrigan & Penn, 2001, p.182)

The fear and exclusion factor is that people with schizophrenia or any mental illness should be feared and kept away by the public and the community. The Authoritarianism factor is that people with a mental illness are irresponsible and not capable of making decisions of their own so other people should make life decisions for them. The Benevolence factor is that people with a chronic mental illness are very childlike and need to be taken care of. (Corrigan & Penn, 2001, p.182)
The majority of mental health professionals who were interviewed felt that there was a massive stigma attached to schizophrenia. Again the media is one of the causing factors for this as they make out that people with schizophrenia are extremely dangerous when they actually are not. “Like side effects of medication can be restlessness, vomiting and insomnia. The stigma associated with this is not just the disease itself like the drugs itself can give you things that you never expected in the beginning and that’s not because of the stigma of the personification of what you are because you hear the bad stories you know in which their not responsible like schizophrenics stabbing someone to death and walk away from it you know what I’m saying.” (G.P)

Another reason is that because people are not educated about schizophrenia and would not know enough on it some people even thinking that schizophrenia is contagious, the public would be very wary if they knew that a certain person had it. “Yeah members of the community are afraid to befriend someone who has schizophrenia due to lack of knowledge, schizophrenia is an illness like any other medical condition and if medication is taken on a regular basis most people can lead a normal life. They could even hide the symptoms from members of the public.” (Psychiatric nurse)

All the mental health professionals felt that there was a bad image of schizophrenia because of the way in which schizophrenia was and still can be dealt with such as putting people into psychiatric institutions and leaving them there for life. ”I don’t know if you’ve been up in the hospitals but its horrendous even in Grange Gorman their still moping and I remember the first time I ever walked in I was looking at schizophrenics and they were looking up at a television that was 10 foot above from them”. (G.P)

The mental health professionals just felt that the psychiatric institutions were a bad environment for people with schizophrenia as they felt that the patients were locked up and
they never really recovered there that they just got worse and this in turn was causing a huge stigma attached to schizophrenia. “Yea there is sure if you even watch all the American films you can see it and not just depression if you look back at the psychiatric hospitals years ago they would just sedate them that was the main form because you didn’t have anything available to take at that time and the people with schizophrenia would just be completely off the wall, they use Electric Compulsive Therapy which would do nothing like it would work for manic depression but that’s what I’m trying to say this whole disease is a continuum which just links into another”. (G.P)

They felt that psychiatric units in hospitals were more efficient and effective as they have better methods of treatment and so on and you are not always locked in. Also it is better for drawing less attention to yourself. “Here psychiatric units are more advisable than psychiatric institutions as psychiatric unit in a general hospital are not obvious as institutions. For the simple reason let’s say my sister was in the psychiatric unit, you could say to me how’s Mary and I could say oh she’s in hospital at the moment but you wouldn’t have to say anything else”. (Psychiatric nurse)

Mental health professional’s perceptions of whether public attitudes affect the recovery process for people with schizophrenia

There was a mixed reaction as to whether public attitudes affect the recovery process for people with schizophrenia. Some of the mental health professionals said yes that it definitely would whereas some of the other mental health professionals said that it depended on the situation. They all really felt that it depended on the person and their situation. As Hogarty (2002) mentioned everything and anything could set them off.

They felt that if a person with schizophrenia for example was attending an outpatient clinic and was well integrated within a community and the community were sympathetic and
understanding that it would not be a big issue for the person with schizophrenia and they would just carry on as normal.

It really just depended on the situation, one of the mental health professionals pointed out that with the current economic crisis worldwide the public would not have time to comment on anyone else as everyone is dealing with their own difficulties especially financial difficulties being in a recession. That at this time no one really can judge as we all have many problems now. “We are a changed Ireland if you think about it, people are so occupied with their own problems that they wouldn’t think about the personal makeup of the public. If you think about it”. (Psychiatric nurse)

Sometimes people with schizophrenia would not tell anyone about their illness so again an issue would not come up. “(Long pause) am yeah eh usually patients you see with schizophrenia they don’t tell anyone that they are unless they are a very outgoing person themselves. They won’t say it therefore people won’t know about it and therefore they can’t really form an opinion from time to time”. (Psychiatric nurse)

However all the mental health professionals did comment that if it was the case that the public were to be very discriminative and insensitive towards the person with schizophrenia then yes it would affect their recovery and they may end up relapsing. This relates back to the literature by Hogarty (2002) who mentions that people with schizophrenia can be affected by the negative attitudes of the public.

This is a particular limitation to a small scale study such as this when opinions are so diverse and varied it can be hard to tell what is the overall opinion.
Mental health professional’s perceptions of people with a history of schizophrenia and finding work within a community

All mental health professionals were of the opinion that people with a history of schizophrenia would find it hard to get work within a community. However they felt that it does depend on the person and the situation.

Some mental health professionals were of the opinion that in their own community that there were good community schemes and they found that some places were good at taking on people with a mental illness including that of a person with schizophrenia. “Superquinn take on the odd ex patient I don’t know if you knew that. It is absolutely brilliant; they get to integrate with the public more and it gives them self confidence. It is only two hours in the week packing bags and whatever but that gives them confidence”. (Psychiatric nurse)

Other mental health professionals felt that people with schizophrenia would find it very difficult to gain employment and would be most definitely discriminated against. “Of course yes because if you think about it people won’t employ others with a chronic mental illness you know if you disclose that information to a perspective employer in an interview they won’t hire you.” (Health Executive)

“Yeah. I think you know it’s the one thing that will always show up and if it’s not from the medical records it’s the work ethic like it doesn’t matter who you are but what have you been doing for the last few years and if you said well I was in hospital and I had this condition.

But in fairness the biggest problem is emotionally charged environments ok and even in a case four or five years ago there was a girl and she worked in an office as a receptionist and she couldn’t hold the job down and it’s just if something went wrong it could trigger off a psychosis. And she’d be back on serequil again as it was in that particular case and as I say
they do find it extremely hard and I don’t know what you can really do like maybe it would be like maybe setup things up for people like that to do.

The terrible thing they can be brilliant mathematicians and everything else but it’s just when it comes to an emotionally charged environment which it can be for anybody in this day and age, like we even had a pregnant girl in the other day and she’s been nearly fifteen years in the job and I don’t know why they want to get rid of her it’s just an excuse but we have had to take her out of the job and at least she’s off now for six months but it’s awful she was going off for six weeks anyways next month but she was worried about her job and she didn’t want to leave all these projects up in the air and she didn’t even come back with a cert yet and it wouldn’t surprise if she’s gone back to work.

That’s the kind of person but their giving her a really hard time and some of them who would have a medical condition like that would want something to do but they wouldn’t be able to do anything too complex so stuff like that you have to be very careful to delegate duties to them, you would have to give them very easy kind of tasks which they could be very upset about so yeah it’s really like I can’t imagine the job markets with down in Grange Gorman you have people in community care and you know they bring them into the hospitals and into workshops and that to get something like that on a more permanent basis but coming back to the one of things of the HSE at the moment is that it has no resources.” (G.P)

One mental health professional said that it would be almost better if a person with schizophrenia did not disclose that information as it would be easier for them to gain employment. “Oh yeah, again schizophrenia patients tend not to speak out about their illness when they go for an interview particularly in front of perspective employers therefore there would be complications and if people became ill in work and that, I find employers are afraid as well they employ a perspective, a schizophrenic employee would be afraid of speaking out
to the employer about it.” (Psychiatric nurse)

It also was noted that people with chronic schizophrenia would not be able to work as they would be on a lot of strong medications and treatments that would wear them out and they would not have a strong optimum level of treatment. “Well it depends you know, again it depends if a person you know has a great chronic illness sometimes they can’t function really outside their comfort zone and their house or their family”. (Psychiatric nurse)

**Mental health professional’s perceptions of whether there is a need to change the public attitudes towards schizophrenia**

All mental health professionals emphasised the fact that we most definitely need to change the public attitudes towards schizophrenia. Education is a big factor of this, people do not know enough or even anything about schizophrenia and this is causing awful consequences for people with schizophrenia as the points above have already mentioned.

The mental health professionals suggested that we do need to change this even if it meant going to the library and reading a bit about it so you would know not to be so wary and judgemental towards someone with schizophrenia as it is not an issue that can affect society as a whole.

The mental health professionals feel that we definitely need to create awareness for schizophrenia. “No no, ok maybe if you’re not fully tuned into mental illness maybe it is a little intimidating or frightening, just you know the main thing I would say is to get an awareness of mental illness through ads or through Schizophrenia Ireland or GROW which is another association which helps people with depressive illnesses. There is all types of illnesses and there is associations that envisits people how to cope. That has information for people with mental illness or their families or members of the concerned public that want to
be aware of these illnesses and want information for anyone they feel may be suffering from
these illnesses”. (Psychiatric nurse)

As mentioned in the literature review SHINE are proposing to change the system by
introducing educational workshops and community policies on mental health.
The mental health professionals agreed with this recommending changing the system for the
people with schizophrenia and that in turn will change the thinking and attitudes of the
public. By changing the system they mean to introduce better alternatives for people with
schizophrenia such as pilot schemes where a community health nurse would come out to treat
the person with schizophrenia at home. “They would get a report about a person and would
go and assess and treat that person in their home as they feel it’s a better environment to
treat the patient. They would also be able to chat to the person about any worries or
difficulties they have. In my opinion cognitive therapy in situations like this would work
better than admitting that person to a psychiatric unit. So definitely I think these pilot
schemes should be made more available as it’s a better form of treatment. Huge old Victorian
buildings and institutions packed with people with mental health illnesses are not the answer.
It’s no place for them, their better off in the community were community nurses come to
them.” (Psychiatric nurse)

They felt the government should do more to try and fix the economy and with that it will
change attitudes as they felt society would be much happier with the way things are
going and would not be discriminative.

When interviewing one of the mental health professionals who works in the NHS in the U.K
they suggested methods that are trying to be pushed as legislation in the U.K. This includes
it being made compulsory that companies in the U.K have to hire people with a mental illness
that including people with schizophrenia so as to not discriminate in the workplace and to
encourage people with a mental illness to work and integrate in the community which will help their recovery and boost their confidence. “An employer scheme were they have to employ certain people and a certain percentage of people with a mental illness to meet a social inclusion target. I think other organisations will be forced to employ. It’s hard but we all have to try and tackle I think you know employment targets with that and actually force people to, instead of trying to change what people think of mental illness force people to as in you have to employ ten people with mental illness within the next two years and that will eventually change attitudes.” (Health Executive)

If this was introduced in Ireland it would be an effective method for changing public attitudes as people would quickly realise that schizophrenia is an illness like any other and people should not in turn be afraid or discriminative against people with schizophrenia or any mental illness. “Like this type of disease should be put to the full extend to the public and make them really understand it. I think if you did that certainly the stigma fixated with it will definitely go.” (G.P)
CONCLUSION

The aim of this research project is to find out about the perceptions of mental health professionals have of public attitudes towards schizophrenia and the effects on the recovery process. From conducting this research project and obtaining the opinions from mental health professionals it can be concluded that there is a negative public attitude towards schizophrenia and it can affect their recovery process.

As already mentioned in the discussion section of this report, the main ways of changing this is to educate people more about schizophrenia and mental illness. This can include reading this research project which will inform the reader about schizophrenia and the ways in which public attitudes can affect an individual with schizophrenia. It is clear that if you integrate mental health awareness into educational systems that it will change the attitudes of the public. The researcher of this research project has become so much more aware even from reading information on schizophrenia and conducting this research project.

As the mental health professionals mentioned above changing the system by introducing pilot schemes, mental health awareness advertisements and introducing legislations on employment would change the attitudes of the public as they would be made more aware this would also help people with schizophrenia to be in a recovery stage where they would have an optimum level of functioning as they would have the constant encouragement and reinforcement.
REFERENCES


APPENDIX 1: Interview Questions

Could you first of all tell me about your typical day in the psychiatric unit/practice? What duties do you attend to and so forth?

Do you find the work enjoyable?

What do you think are the public attitudes towards people with schizophrenia?

Do you think that people with schizophrenia find it hard to integrate within a community? If so in what way?

Would you say that public attitudes affect the recovery process for people with schizophrenia? If so in what ways?

In your experience do you find people with a history of schizophrenia find it hard to get work within a community?

In your opinion is there a need to change the public attitudes towards schizophrenia? If so what do you think could be done to change the attitudes of the public?
APPENDIX 2

Transcription symbols

<table>
<thead>
<tr>
<th>Code</th>
<th>Code meaning</th>
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<tbody>
<tr>
<td>,</td>
<td>Natural pause</td>
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<tr>
<td>(pause)</td>
<td>Pause that is longer than a natural pause but shorter than three seconds</td>
</tr>
<tr>
<td>(long pause)</td>
<td>Pause that is longer than three seconds</td>
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<tr>
<td>(2.5)</td>
<td>Length, in seconds, of a pause</td>
</tr>
<tr>
<td>(laugh)</td>
<td>Laughing</td>
</tr>
<tr>
<td>(missing word)</td>
<td>Word that could not be heard on the recording during transcription</td>
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</tbody>
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*Word(s) in italics* Voice filled with emotion/warbling voice

*Word(s) underlined* Raised voice