SCHIZOPHRENIA AND STIGMA: AN OUTLOOK ON THE MEDICAL, LEGAL, AND SOCIAL ASPECTS OF LIVING WITH SCHIZOPHRENIA

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ABSTRACT

Schizophrenia is a disease which presents many challenges. Medically, legally, and socially, afflicted individuals face obstacles that decrease their overall quality of life. Some of these are sequelae of the disease and its decrease in social functioning, or symptoms of paranoia and disorganization. However, others are placed on these individuals by society. This has created a lifestyle which is marred by comorbid medical conditions and a resistance to receive treatment. It also creates frequent contact with the legal system, leading to a disorganized home life, and a significant amount of time spent behind bars, and being victimized by others. Finally, many schizophrenic patients are unable to find jobs, and report being without significant supportive relationships in their lives, creating stress both on themselves and their families and caregivers. These difficulties in life can be inseparable from their disease and place schizophrenic patients at a further disadvantage.

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CHAPTER 1: INTRODUCTION

The aim of this paper is to discuss the challenges that those with schizophrenia face related to their disease and the stigma which surrounds it. It will first describe schizophrenia as a pathology and lay out how the disease process affects a person's thinking. Then, the stigma associated with the disease will be explored with a focus on how lay persons view the disease, and how those with schizophrenia view themselves. Next, medical comorbidities associated with schizophrenia and methods to reduce these comorbidities will be discussed, followed by an outlook on how schizophrenic individuals interact with the legal system. An overview of the social issues facing schizophrenic patients and their families will follow. Finally, the ethical considerations of how to provide a high quality of life for schizophrenic patients in the community will be examined.

CHAPTER 2: WHAT IS SCHIZOPHRENIA?

Overview, Disease Process, and Epidemiology

Schizophrenia is a disease which affects every aspect of a person's life. Patients become stigmatized and generally have a more difficult time finding jobs and housing. They are also likely to have other more severe medical conditions than their non-effected counterparts, as well as more frequent encounters with law enforcement.[1] There is a stigma associated with the diagnosis of schizophrenia which makes it more difficult for these individuals to make it through their daily lives. As a whole, the group is sometimes regarded as violent, dangerous, and less intelligent than the rest of society. This stigma prevents many from receiving the medical care, social support, and legal justice that they deserve resulting in an overall lesser quality of life. However, there are many proven treatment options available for this disease. When properly managed with medications and social support, it is possible for many schizophrenic individuals to live complete, rewarding lives as contributing members of society.[1] The barriers that prevent appropriate care and access to resources are something that must be explored and addressed in order to create a system that works in a holistic manner for the treatment of schizophrenia.

Medically speaking, schizophrenia is a disease centering on the dysregulation of thought processes. Its positive symptoms include delusions, hallucinations, disorganized speech and movement, and negative symptoms such as a flat affect of lack of enjoyment. [2] Two out of five of these symptoms must be present for a period of six months in order for a diagnosis of schizophrenia to be made. Also, symptoms must not be caused by substance abuse or another medical condition. The disease has a prodrome in which there

is a decline in functioning- the patient becomes socially withdrawn or irritable- with a possible decline in school or work performance, as well as a new found interest in religion, paranormal, or the occult.[2] The next stage of the disease is a psychotic phase including delusions, hallucinations, and disorganization.[2] For many, this is the stage when medical care is sought after, or when encounters with the law occur. Finally, in the third stage following an episode of psychosis, patients will have some residual mild hallucinations and delusions, social withdrawal, and negative symptoms.[2]

Schizophrenia affects between 0.3 to 0.7% of people in their lifetime.[2] Men are more likely to develop the disease in their mid to early twenties, while women become affected in their late twenties. Overall, men tend to have more negative symptoms and poorer outcomes than women.[2] Schizophrenia is believed to have both genetic and environmental components. It is believed that an excess of dopaminergic activity in the mesolimbic pathway is responsible for positive symptoms (hallucinations, disorganization etc.) and inadequate dopaminergic activity in the prefrontal cortex is responsible for negative symptoms.[2] Fifty percent of monozygotic twins will both have schizophrenia, and twelve percent of those with schizophrenia have a first degree relative with schizophrenia. Schizophrenia is also more often found in groups with lower socioeconomic status.[2] However, it is possible that this is due to the downward drift hypothesis, which states that secondary to poor social support and functioning, schizophrenic individuals will end up in continuously lower social classes.[1]

Treatment of Schizophrenia

The mainstay of schizophrenic treatment is with antipsychotic medications. There are a variety of options for patients and the side effect profile of each medication must be weighed for each individual patient, as these side effects often play a major role in patients discontinuing their treatment.[2] There are also long-acting injectable medications which have proven to be more effective in treating schizophrenia. These treatments are most effective when combined with behavioral therapy to improve functioning in society, as well as psychodynamic therapy to help patients work out underlying issues.[2] Therapy can also be offered to family members or care givers of those with schizophrenia in order to help them deal with the increased burden of caring for someone with the disease. Finally, societal supports and interventions are necessary to ensure that schizophrenic individuals can be integrated into society as contributing members. In many cities, programs for housing and employment have been put in place to help with this process and have proven to be effective resources. Other societal interventions include programs which will assign case managers to every patient who will then go into the community with them and work to help them meet their daily needs of living on their own.

What has been laid out above is that schizophrenia is a well-studied disease with several modes of treatment which have proven to be successful. The characteristics for diagnosis have been agreed upon and are listed in the DSM 5.[2] Thus, physicians are able to recognize the disease, and are aware of the risk factors for development and worsening of the disease process. They can then treat the disease with the available medications and therapy, as well as to refer patients to the appropriate social programs in order to assist

their integration into society. However, what we are seeing today is that in many cases schizophrenic patients are not receiving optimum care. This results in a decreased overall quality of life for these individuals. It also increases the cost for the healthcare system, the justice system, and society in general. These are costs which could be lessened through the appropriate treatment and approach to schizophrenia, resulting in a positive outcome for patients, their families, providers, and the community as a whole.

CHAPTER 3: STIGMA AND SCHIZOPHRENIA

Effect of Stigma

The stigma surrounding schizophrenia affects how the disease is handled by those affected and those in the community. Stereotypes, prejudice, and discrimination often come from public opinion, and can be so pervasive that those with the disease internalize the beliefs and begin to have negative thoughts about themselves. Overall, this can result in a sense of shame about having schizophrenia, as well as a reluctance to seek treatment.[3]

Patients themselves describe a sense of social isolation, and state that they are often avoided or treated as less competent by others.[3] Interpersonal interaction is the area where most affected individuals feel the greatest detriment occurs. Subjectively, schizophrenic patients have reported a reduction in social contacts, and being ignored by friends and neighbors. This impact is so prevalent, that patients felt that just one encounter with psychiatry would "put a stamp on them".[3] The main cited consequence of this belief is secrecy. Individuals state that they postpone treatment, and attempt to suppress their symptoms as a result. Even once individuals began treatment, they are less likely to continue their medications because they can cause weight gain and movement disorders which are visible signs of the illness.[3] This feeling is not limited to schizophrenic's interactions with lay persons, but also with health care providers. They state that when a health care provider learns of their mental illness, there is "less concern about them as a person, and only questions about their mental illness."[3] Patients also noted that when hospitalized, their needs and thoughts were frequently not taken as

legitimate and responded to appropriately. This evidence shows that the stigma of mental illness affects patient's interactions with the world.

When polled, schizophrenic individuals have said that public images of schizophrenia are a major contributor to the negative public connotation.[3] The illness is often portrayed as violent and dangerous, with a majority of interactions shown being in a courtroom or interacting with law enforcement. This representation by the media results in incorrect knowledge about the disease which is believed not only by unaffected individuals, but by the patient's themselves. When the public is asked about those with schizophrenia, forty percent of people say they would isolate a schizophrenic patient, forty percent would refuse to socialize with such a person, and thirty eight percent would not lend money to a schizophrenic individual.[4] As a result of these prevalent opinions, patients themselves are often afraid that they may attack someone, leading to greater social isolation, or are afraid that others in treatment may harm them, resulting in non-compliance and an avoidance of treatment.[3]

The stigma of schizophrenia is also felt in the workplace. 36% of schizophrenic patients polled stated that they had been discriminated against by their employers or supervisors.[5] They feel that they are the first people to lose their jobs in a company, and that skills they have previously demonstrated are often denied after their diagnosis is made known. Due to this, most individuals do not reveal their illness to their employers, and instead use fictional diagnoses such as "metabolic syndrome" or "exhaustion syndrome" to explain absences from work.[5]

Aside from the subjective experience of stigma by schizophrenic patients, feelings on schizophrenia amongst the public and health care workers have also been studied. It was found that among the general population, stigma against schizophrenia was the highest of all mental illnesses. Responses included 55% saying those with schizophrenia cannot work, 55% saying they are untrustworthy, and 38% saying those with the diagnosis were dangerous [6]. These results were decreasingly less prevalent in general physicians, psychiatric staff, and psychiatrists, respectively.[6] Responses from physicians showed that they understood schizophrenia could be effectively treated (100%), and that the disease has a chance of recovery (97%).[6] Despite the greater understanding of the disease by physicians, and therefore the more positive view of patients, psychiatrists scored highest in not wanting a relative to marry a schizophrenic person (75%). These responses show that those with more knowledge and greater exposure to those with schizophrenia are more likely to see them in a positive light. They are also more likely to accurately estimate a patient's capabilities. However, their desire not to have a schizophrenic patient in their family may show that with greater understanding comes greater knowledge of just how hard living with schizophrenia can be for not only the patients, but also their families.

The studies on stigma in schizophrenia show that patients become limited both medically and socially by their diagnoses.[3] Stigma is an important factor in the social withdrawal and treatment failure for many patients. These negative, pervasive opinions can be subdued through greater education and exposure to schizophrenic individuals as

demonstrated by the surveys mentioned above. However, the concrete detrimental effects of this stigma are prevalent and felt by the population today.

Combating Stigma

Despite the inescapable nature of stigma, there have been some successful methods of reducing both negative public opinions of mental illness and the internalized stigma felt by schizophrenic patients. These methods include education and direct contact with people who are mentally ill.[7] In terms of education, it is important to focus on groups who have a direct impact on the lives of schizophrenic patients. Many programs are directed towards employers, criminal justice workers, and students. In terms of age groups, nearly 25% of all programs are directed at adolescents, and it was found that educational programs were much more effective than face to face contact for this group.[8] However, only .8% of programs are directed at grade school aged children, despite that this technique may help reduce stigma by normalizing mental illness at an early age.[8]

Overall, the effects of intervention on stigma have been measured in three categories: attitudes towards mental illness, affect, or mood towards those with mental illness, and behavioral intentions when interacting with someone who has a mental illness. It has been found that educational programs have an effect on attitudes and affect towards people with mental illness with an effect size of .286 standard deviations on responses to topical questionnaires, but no effect on behavioral intentions.[8] However, programs that promote contact with a mentally ill person have been found to affect behavioral intentions most significantly with an effect size of .516.[8] In terms of contact

programs, it was also found that person to person direct contact was almost four times more effective than an interview through a video system.[8] This goes to show that a personal interaction with a schizophrenic patient is a valuable experience that could help to reduce stigma and improve opinions of the mentally ill.

A separate method of attempting to reduce stigma has been protesting. These are movements in which people state "do not treat the mentally ill differently" but do not support the directive with education or facts. Protesting has actually been found to increase the amount of stigma people report in several studies.[7] They have cited that in this environment, they often feel there is an ulterior motive and become suspicious of the protest and its message.[7]

The stigma felt by schizophrenic patients can also be improved with social intervention. Through programs which employ cognitive behavioral therapy, psychoeducation, and social skills training, schizophrenic patients were found to have a reduced overall self-stigma, improved self-efficacy, and improved insight about themselves and their disease.[9] These results have been controversial, and some studies suggest the effect is not statistically significant. However, if there is a likelihood that positive interaction with peers, combined with psychoeducation and therapy is capable of improving a patient's opinion of themselves, it seems this is a worthwhile, and relatively low cost intervention to employ .[9]

Overall, stigma is a major factor in the poor health and social outcomes of schizophrenic patients. It results in less opportunities within society, social ostracization, and self-defeating behavior. However, there have been proven interventions to reduce

this stigma, and if these continue to be employed on a larger scale, it is possible that outcomes overall will improve for schizophrenic patients.

Chapter 4: Medical Comorbidities and Schizophrenia

Negative Health Outcomes and Schizophrenia

The effects of schizophrenia on a patient's overall health are extremely negative. The life expectancy of those with this disease is 20 to 25 years less than that of the general public when controlled for other life variables.[1] There are many factors which contribute to this discrepancy, including patients being less likely to utilize and adhere to healthcare, patient's health conditions being overlooked due to mental status, and negative effects of the disease and the involved medications. These individuals also are more likely to exhibit behaviors associated with poor health such as smoking, not exercising, poor diet, and substance abuse, as well as inadequate self-care as a consequence of schizophrenia.[1]

There are many comorbid conditions which occur more frequently in the schizophrenic population. Notably, diabetes, obesity, and hyperlipidemia (high cholesterol) have been found to occur at almost one and a half times the rate of the average population.[10] This is likely due to poor lifestyle factors as mentioned above, but is also secondary to a side effect of many antipsychotic medications. These medications are known to cause "metabolic syndrome" which results in weight gain, glucose intolerance, and increased cholesterol. A result of these findings is an increase of cardiovascular disease. Other medication side effects include osteoporosis and hyperprolactinemia. Osteoporosis can result in fractured bones, and hyperprolactinemia can cause sexual dysfunction, missed periods, lactation, and breast development in men. The rate of mortality due to ischemic heart disease, cardiac arrhythmias, and heart attacks

is increased fivefold in this population.[1] Cancer is found in schizophrenic patients at the same rate as others, however when it is found, they are 50% less likely to survive.[10]

Negative lifestyle factors are found in increased numbers in people with schizophrenia. Overall, 50% of schizophrenic people will have a substance abuse disorder in their lifetime, while only 15% of the average population will develop the same problems.[10] Examples of this include 70% of individuals being current or former smokers, compared to 50% of others, and 11% using harmful levels of alcohol compared to 3% of others.[10] In addition, studies have found up to 38% of schizophrenic patients use alcohol on a daily basis. Cannabis use is also of great concern in this population as it is a recognized risk factor for the development of schizophrenia in young adults.[1] It is likely that this observed increase in substance use is an attempt by patients to self-medicate. With limited resources and few social supports, drugs and alcohol can often be used by patients when they do not have, or are unaware of, the resources available to them.

Although the disparity of healthcare for this population is reason enough for it to be considered a serious issue, it can also be argued that the financial burden which the medical costs of schizophrenia put on society elevate the need to address the issue at hand. These are costs which rise with poor schizophrenia management, and that could be controlled with better management resulting in positive outcomes for the individual patients and the healthcare system at large.

It is estimated that in the United States, schizophrenia costs 23 billion dollars every year in direct healthcare costs, and an additional 40 billion dollars in indirect costs annually.[11] Also, when patients experience a relapse of schizophrenia and need to be

hospitalized for treatment, the cost to maintain their health is elevated for an entire year after discharge due to increased service utilization.[11] In a cohort study of almost 4,000 patients, the rates of medication adherence were compared to both psychiatric and other medical expenses. It was found that in patients who remained on their medications reliably, that $738,300 more dollars were spent in a year on psychiatric and mental health related expenses. However, for patients who discontinued their medications for schizophrenia, $1,401,300 was spent on non-psychiatric medical costs.[12] This means that the healthcare costs associated with well managed schizophrenic patients who continued on their medication were more likely to utilize services such as therapy, follow up visits with psychiatrists, meeting with social workers, and refilling their medications.[12] These are all positive indicators in the treatment of schizophrenia. However, it was also seen that they had a higher rate of readmission to the hospital and psychiatric emergency centers. While the exact cause of this phenomenon cannot be concluded from this study, it is unlikely that the adherent cohort of patients were more "mentally ill" than their counterparts and therefore required more treatment. Rather, this discrepancy is likely due to an increased level of follow up. For example when these patients returned for therapy, if it was seen that they were beginning to deteriorate, they could be referred back for inpatient treatment. However, in the non-adherent group, many of these patients could not be reassessed frequently, and would not utilize extra psychiatric services until their condition was much more severe.[12] Even with this increased expense, it is much less than the overall cost which was incurred due to non-adherence.

The cost increase in non-psychiatric medical expenditure can be attributed to a greater burden of medical comorbidities. As previously discussed, schizophrenic patients are more likely to have diabetes and hypertension. When compared to the general population, the cost per individual is 99% higher for treatment of schizophrenic patients with hypertension and 105% higher in those with diabetes.[13] The greatest increase was in the cost of substance abuse treatment which is 293% higher in the patient population.[13] This is also associated with an increased risk of HIV and Hepatitis C which are nearly twice as prevalent and have a 36% increase in treatment cost.[13] The most likely reasoning for these increased costs in comorbid conditions is simply that patients are less likely to seek health care when they have a mental illness such as schizophrenia. As discussed earlier, the stigma involved with the disease is enough to keep patients from seeking help, and thus their other conditions are allowed to progress to a much more dire state before being treated. As such, treatment is often in a hospital setting and of a more serious degree, rather than in an outpatient, well-managed setting.[13]

Although the overall decrease in health for schizophrenic patients cannot entirely be attributed to the negative effects of stigma, it certainly plays a role. When patients are wary of admitting their disease state, it delays treatment and results in more advanced pathology. Medication adherence is also affected by stigma, as there are outward side effects of anti-psychotic medications which patients would like to avoid.[3] Although this is certainly because weight gain and the associated health consequences have a negative impact on one's life, patients have stated that they feel the side effects will be a telling sign of their underlying illness. These effects of stigma are not only felt by individuals

dealing with schizophrenia every day, but by the entire community as the increase in health care expenditure is quite significant.[13]

Treatments for Schizophrenia and its Comorbidities

Despite the difficulties that are associated with the medical care of schizophrenia, there have been several successful strategies employed to improve both their physical and mental health. One of the most important influences is the presence of early intervention to alter the progress of the disease. This means that in patients who received treatment during their prodromal phase, or during their first break of psychosis, there were significantly better outcomes. In fact, one study found that among patients treated as inpatients for their first episode of psychosis, 63% were able to achieve complete symptom remission, and 44% had complete functional recovery.[14] These are promising figures for a disease which has a lifelong downward trajectory. The early intervention strategies used promoted engagement, facilitated adherence to medication, and addressed comorbid conditions. However, the most important aspect was symptom reduction in the earliest possible phase of the disease. This is believed to allow patients to focus on other aspects of treatment such as preventing substance use and increasing social interaction.[14] When patients are treated at their first break of psychosis, they are also less likely to be re-hospitalized and are generally hospitalized for a shorter period of time. Early intervention intensive treatment patients were found to need 302 days in treatment on average, compared to 440 days for usual care.[11] These patients were then found to utilize more outpatient services, however their usage of emergency services, inpatient

hospitalization, and psychiatric crisis centers decreased. This resulted in a $6,900 decreased overall per year in medical costs for each patient.[11]

Another aspect of treatment which can alter patient outcomes is medication choice. There are currently many anti-psychotic drugs available and mostly the medication selected for each patient is largely dependent on psychiatrist discretion. As long as providers choose medications based upon both the efficacy and side effect profile, they are working to find a medication which provides the best results for the patient. However, they must remember to take each patient's experience on an anti-psychotic seriously, as the side effects can be different for each person and there is no one size fits all solution.[15] However, certain anti-psychotics have proven to be more effective than others, namely Clozaril and Olanzapine by demonstrating up to a 40% decrease in relapse behaviors.[16] However, both of these medications have significant side effects, namely agranulocytosis and metabolic disturbance respectively.[16] Therefore, despite the efficacy of these medications, a physician must gauge the danger of the side effects in a patient by patient basis, and safer medications are more frequently prescribed as an alternative. Other studies have shown that long-acting injectable medications are also more effective for treating schizophrenia. These medications are the same as oral anti-psychotics, however they are given in an injectable form which usually consists of two injections initially as a "loading dose" followed by monthly or bi weekly follow up shots.[16] It does not come as a surprise that for patients who are affected by psychosis, only needing a medication once a month is much easier than taking a pill on a daily basis. It has been found that for patients who are on a long acting injection, rehospitalization rates are 22%

lower overall, and 32% lower in first episode psychosis patients.[16] Medication choice and delivery can play a large role in the success of the treatment of schizophrenia.

There is often a discrepancy between which physicians will treat certain diseases and take responsibility for prescribing medications for a schizophrenic patient. There can be a discord between family medicine doctors who feel uncomfortable with anti-psychotic medications and require schizophrenic patients to only receive their medications from a psychiatrist, and psychiatrists who can be unwilling to prescribe medications for blood pressure, diabetes, and other medical conditions.[10] While this is understandable for mainstream medical issues, schizophrenic patients pose an extra challenge. Due to low follow up rates and difficulty with medical care at baseline, they are unlikely to attend two separate doctor's appointments. There needs to be an alliance formed between psychiatrists and primary care physicians to combat this issue. By simply having a discussion about a patient's physical and mental health problems, these physicians can come to an agreement in terms of the direction of treatment. This would eliminate any confusion as to who is responsible for which medications and prescriptions, and would allow for a more comprehensive healthcare experience, preventing schizophrenic patients' issues from falling through the cracks.

The most important part of caring for a schizophrenic patient is to establish a therapeutic alliance.[15] This is described as the patient's ability to collaborate with a physician because he or she is perceived as a helpful professional with good intentions. In order to establish this relationship, a physician must find something in common with the patient from which they can build upon. Physicians should clearly identify treatment

goals with their patients, and identify these goals and themselves with the healthy aspects of the patient's ego.[15] By helping them to identify their own strengths and being non-judgmental of bizarre behaviors, a helpful rapport can be developed which will lead to improved medical care. These relationships can take a great deal of time to develop, and place a great deal of effort on the physician, however, the benefits for patient care are great. Patients who form this relationship in the first six months of treatment are more likely to comply with psychotherapy, take their prescribed medications, and have overall better outcomes after two years.[15] On the other hand, patients who rated their alliance with physicians as poor were 74% more likely to discontinue their medications in the following year and a half.[15] This demonstrates the importance of forming a trusting relationship with schizophrenic patients and allowing a therapeutic alliance to improve a patient's medical care.

Despite the many challenges which schizophrenic patients face in terms of their mental health and comorbid conditions, there have been methods to improve their overall health as outlined above. By treating the disease with early intervention, choosing appropriate medications in the best form, and establishing a therapeutic alliance, some patients can manage schizophrenia well and have an overall improved quality of life.

CHAPTER 5: THE LAW AND SCHIZOPHRENIA

How the Legal System Affects the Schizophrenic Patient

Involvement with the legal system is another area in which schizophrenic patients are at a disadvantage. The social stigma that schizophrenic patients are more violent and unpredictable has led to a climate in which they are more likely to be subjected to interaction with police due to concern by others for what they could possibly do. These individuals are then subjected to a legal system which was not designed with them-or their conditions-in mind. It can become a situation where patients become trapped and cannot receive the appropriate help they need.

Police officers on the street are often the gate keepers of both the prison system and the mental health system in the United States. A majority of the time, officers are able to assess the situation they are called to, and make a judgement on an individual's mental state therefore directing them into the correct system.[17] This is a product of focused training and experience, and their contributions should not be overlooked. However, as with any situation there is deviation from the norm, and often schizophrenic individuals do not have positive interactions with law enforcement, and do not receive the type of help they need. In one Los Angeles based study, it was found that 50% of schizophrenic patients had face to face contact with police over a three-year period.[17] This is significantly higher than the 7-8% experienced by the general population.[17] Of this contact, 84% was originated by someone else, compared to 54% in the general population.[17] Simply put, this means that schizophrenic patients are far more likely to have the police called on them by an outside party. The false belief that they are

inherently more dangerous is likely a major contributor to this factor. Also, the sometimes bizarre behavior exhibited as a product of schizophrenia is likely to alarm many individuals who may then call the police as a method of "getting help" for the patient in question. This extreme increase in police contact is a burden that most individuals in society could never imagine having to deal with. Just this increase in contact itself may lead to higher rates of involvement with the justice system.

When contact with police led to arrest, only 25% was due to assault against another person or property. The entirety of the remaining arrests in this population were for traffic crimes such as jaywalking, or status offenses such as vagrancy and trespassing.[17] These statistics obviously show that arrest for nonviolent crime is far more likely than violent offenses. However, for the mainstream population it is likely that the arrests would not have occurred at all. It is likely that many schizophrenic patients did not understand that what they were doing was wrong, and when confronted by police, were unable to heed the simple warning that would have been given to an unaffected individual. Of the arrests made, only 22% of individuals had charges brought against them, and only 6% of those were for violent crimes against person or property.[17] When compared to arrest statistics, this means that schizophrenic people are four times more likely than the average person to be arrested, but four times less likely to be charged with a crime.[17] This in itself demonstrates that it is unlikely that schizophrenic patients will commit violent crimes, despite the commonly held belief that they are dangerous and violent.

When schizophrenic patients are arrested, it has been found that it is often during a period of acute psychosis, and their symptoms are exacerbated.[18] They are often undertreated before their arrest, and are even more unlikely to receive the treatment they need while incarcerated. This leads to a situation where integration back into the community is made more difficult by any interaction with the legal system, creating a downward spiral.[18] Secondarily, many of the arrests that were made were in patients who also had a substance use disorder. This dual diagnosis of a mental illness plus a substance use disorder makes patients much more difficult to adequately treat, as each issue exacerbates the other.

Despite the thought that schizophrenic individuals are dangerous, and may cause issues in society, it was far more likely that they were victims of crime. Schizophrenic patients are three times more likely to be the victim of a violent crime than the general population.[17] This includes robbery, assault, and rape. Risk factors for this include substance abuse, homelessness, and psychotic symptoms marking the patients as an easy target for such crimes.[17] An important factor to note here is that despite the large number of victimization accounts, it is actually likely to be much higher, as schizophrenic patients are unlikely to contact the police themselves, due to inability secondary to disorganization and previous negative interactions with police and law enforcement. Overall, studies have shown that schizophrenics are significantly more likely to be endangered in the community than the minimal threat that they actually pose. This is a direct contradiction to what has been presented by the media, and the commonly found beliefs in many communities.

Incarceration also poses another great source of risk for schizophrenic patients. It is estimated that between 15 and 24% of inmates in the United States have a severe mental illness marked by an acute episode of psychosis and decreased level of daily functioning.[19] Furthermore, over half of all inmates, totaling over one million people have at least one mental health condition.[19] It becomes very difficult for individuals with mental illness to leave the correctional system, as they often do not receive the treatment they need while incarcerated, and they can return to the same behavior that got them arrested once released. This return to prison for a similar crime after release is known as recidivism. A Texas study on recidivism echoed the results discussed above in that schizophrenic patients were incarcerated for violent crimes at a lesser rate than the general population.[19] They also found that patients with any mental illness were more likely to spend a greater time in prison per conviction than the general population at a rate of 8.6 years to 7.3 years respectively.[19] This is attributed to not only an inability to comply with all prison rules due to lack of understanding, but also is linked to parole boards being less lenient on mentally ill patients, which may be directly linked to stigma, and not wanting to release these individuals back into society. Aside from longer sentences, schizophrenic individuals specifically are more likely to be incarcerated intermittently. For cohorts of 2, 3, and 4 separate incarcerations, they are respectively 1.5, 1.6, and 2 times more likely to be re-incarcerated than their non-mentally ill counterparts.[19] These rates in particular show the difficulty that schizophrenic patients have with the criminal justice system. It can become a revolving door in which patients get trapped, and often do not receive the mental health treatment they need.

Again, while the personal costs that interactions with law enforcement have for schizophrenic patients are extremely significant, the financial burden it places on the community is an additional argument for the proper management of these special cases. The average total cost per inmate in the United States is $31,000 dollars per year.[20] This is just the cost of an average inmate, not one with mental health issues who requires special care, security, and medications. This number is exacerbated for schizophrenics because as displayed previously, they are more likely to spend more time in prison and have more incarcerations resulting in an even greater cost to the American taxpayer. When these total costs are added, it costs $61,000 dollars per year for each incarcerated schizophrenic patient.[21] This total is especially due to a disproportionate increase in the number of "forensic hospitalizations" for patients who are deemed unable to stand trial, and are court ordered to a mental institution. It is also estimated that law enforcement interactions with schizophrenic patients in society accounts for $2.64 billion dollars each year.[22] These costs are a direct burden on the American taxpayer and they arguably could be avoided to some extent.

Keeping Individuals Out of the Legal System

Diversion programs and mental health courts have proven to be successful in keeping mentally ill patients out of the legal system. A diversion program is defined as a program with a specific screening process of detainees for the presence of a mental disorder. These programs use mental health professionals to assess the detainee's mental

status, negotiate with the courts, and create a mental health disposition as a form of bond, to avoid prosecution.[23] Initially, these programs were created for individuals who committed a misdemeanor and non-violent crimes; however, more recently they have been expanding to encompass felony charges, and some violent offences, with the exception that it is determined the individual is not an immediate threat to the community. Patients who enter diversion systems and mental health courts have had much better outcomes than those who are subjected to the standard legal system. Participants showed a longer time without new charges in general, and also without new violent charges when they were diverted into the mental health system.[24] This result was also true for persons who were unable to, or failed to complete the mental health treatment that they were assigned. However, for those who had court-ordered treatment and were adherent for over one year, the results were most convincing. These individuals were 26% less likely to be charged with any new crime, and were 55% less likely to be charged with a violent crime.[24]

A survey of multiple diversion programs showed that there were six aspects that were regarded as crucial to their success. These included integrated services, regular meetings of key representatives, boundary spanners, strong leadership, early identification, and distinct case management services.[23] Essentially, all programs agreed on a format. This determined that there are individuals who are clearly in charge and responsible for the identification of mentally ill persons when they are first charged with a crime. Then they must be proactive in reaching out from the legal side of the system to the mental health side, and there must be dedicated contact persons who are able to get

the individual into mental health treatment. Finally, case managers are a crucial piece as they are needed to help link all of the other aspects of the individual's life such as housing, transportation etc. One of the more difficult areas of these programs are the transfer between the diversion program and community services. Many programs felt this was the most difficult aspect to complete and to have patients show up to their outpatient appointments which are not court mandated, remains a challenge.[23]

Through the proper management of schizophrenic patients, their encounters with law enforcement both as perpetrators and victims could be greatly decreased. This would improve their quality of life as they would be able to spend more time improving their lives and managing their disease instead of working through the legal system, which can be cumbersome and difficult for many to understand. The stigma of schizophrenic patients in the world as dangerous, unpredictable, and violent leads them to have many more encounters with law enforcement as well. By addressing this social stigma and maximizing care, there would be improvements both economically in the community and personally in schizophrenic individuals' lives by helping them avoid the legal system all together.

CHAPTER 6: SOCIAL ISSUES AND SCHIZOPHRENIA

Employment Challenges

Unemployment rates for schizophrenic individuals are typically between 80 and 90 percent in the United States.[25] This is despite the fact that most people with severe mental disorders are willing and able to work [27]. Also, schizophrenics who are employed endorse having a greater life satisfaction rate than those who are unemployed. This is linked to one of the main goals of people with mental disorders, which is to have access to satisfying activities, meaningful to life.[27] There are many organizational and systemic barriers which prevent patients from obtaining and maintaining employment. It has been found that patients with fewer symptoms have a greater chance at employment, thus enforcing the argument for optimal disease management.[27] One study performed specifically on schizophrenic patients looking for work showed that only 37% were able to find it. Also, only 7% of these individuals were able to maintain employment for an entire calendar year.[27] Another barrier to employment for schizophrenic patients is bias from employers. Due to their reputation as violent, and less intelligent than the general population, one can see why this would be the case. However, as these arguments have been proven to be untrue, the discrepancy here lies solely in stigma. The financial issues presented by unemployment have serious negative consequences for schizophrenic patients resulting in a lesser quality of life. This results in a general reliance on social security disability payment from the state as a source of income. Once on disability, only 13% of patients ever obtain economic self-sufficiency.[28]

Employment Assistance

Individual placement and support programs have helped many with schizophrenia to obtain work. These are programs which work through mental health agencies and are aimed entirely at finding jobs for mentally ill individuals.[26] These programs have trained individuals to provide people with support, coaching, resume development, interview training, and on-the-job support. They also develop relationships with businesses in the community where they know that those with mental illnesses will be welcomed for employment. Studies have shown that a majority of these jobs provided are in food service, retail, and janitorial areas.[26] In one study to assess the effectiveness of these programs, individuals were followed for a two year period and their working habits were recorded. Of those who began the program, 70% remained for the entire two years, and of those who did not complete the two years, 50% were employed regardless of their affiliation with the program, showing that the skills learned were beneficial to employment.[26] Individuals were found to work an average of 23 hours a week and 16 days per month; it was found that the average length of time a job was held for was 8 months.[26] This study and others like it have shown that when given the proper support, many schizophrenic individuals are capable of holding employment. This results in an improved quality of life and an overall greater sense of worth. By providing real world skills in real employment settings, schizophrenic individuals can become empowered to work in a number of fields.

Family Burden

Another hallmark of living with schizophrenia is social impairment. Before the disease even fully develops, patients become withdrawn and isolated. They are often unable to read social cues, and have difficulty interacting with others. This makes employment and relationships difficult to maneuver. When schizophrenic patients are progressing through the disease they can become less capable to care for themselves and more likely to depend on help from others. This burden is typically placed on families as caregivers and is quite significant. Many patients with schizophrenia rely on relatives for emotional support, medical help, and economic assistance. This results in caregiver burden which is defined as "a psychological state that ensues from the combination of physical work, emotional and social pleasure…that arise from taking care of the patients."[29] Family members are often expected to take patients to doctor's appointments and provide for them financially. Relatives' greatest concerns have been reported as a restriction of their private life and worry about the patient's future.[29] It was also found that the greatest burden is reported by patient's mothers, and older caregivers.[29] A caregivers entire life can begin to revolve around the patient and their needs. This creates a great difficulty in finding people willing to help schizophrenic patients with their daily needs. Families have reported that when working to oversee the healthcare of their afflicted dependent, they would like to be given a factual explanation of the prognosis, and would like to feel that they were equal partners in deciding where the patient receives care, and that this is currently not the case.[30] They report that patients are often discharged to their care after a hospitalization with very little preparation. Families also

note that after a patient has been diagnosed with schizophrenia, they have experienced distancing and alienation from their friends, distant family, and neighbors.[30] This high level of burden can create a difficult situation for schizophrenic patients who are in need of a caretaker.

The greatest tool to overcome caregiver burden is simple consultation between medical professionals, mental health staff, and the families of those with schizophrenia.[30] Families often feel that they are forced to take in a family member who they do not know how to, or even believe they can care for. In these situations, it is important to look for alternative resources for housing and care giving for the individuals. This will create a situation in which their families can support them in ways they feel capable of, rather than being forced to take in a relative after an inpatient mental health stay.[30] Many professional self-help groups have been created in the United States to help families learn to care for schizophrenic family members. It has been noted by families that these groups are a valuable resource and give them an opportunity to share their experiences with others who are in similar situations.[30] This can reduce stress and result in families feeling more prepared to care for their loved one. It is important to remember that the families of schizophrenic patients are also dealing with the disease in their own way. By consulting them for direction in caring for the patient and presenting them with resources, and options, the social burden and caregiver burnout associated with schizophrenia can be reduced.

CHAPTER 7 ETHICAL CONSIDERATIONS

There are many facets to the argument of what and how much should be provided to those with serious mental illness. However, there is no doubt that their basic human rights should be protected. This means that all of the rights and privileges which are granted to any other citizen should be provided for these individuals as well. This includes legally provided freedoms such as speech and religion, social freedom to pursue a life that they find fulfilling and meaningful, and freedom from harm or persecution due to race, religion, their illness, or any other factors.

It has been made clear above that there are several instances when individuals with schizophrenia are not granted the same opportunities as those in society without mental illness. The stigma surrounding mental illness is what prevents these individuals from living what would be considered a more normal life. Every time a person with schizophrenia is rejected from employment, wrongly forced to spend a night in jail, or is made to feel small due to their illness, society has failed to protect them as one of its members. This is not to say that all affected individuals should be granted countless opportunities and treated as a privileged group due to their status, but should receive the same considerations as anyone else would.

By promoting programs which provide social services to schizophrenic individuals, they can begin to realize a better life. Linking them to employers who are willing to work with them through the ups and downs of schizophrenia on a day to day basis can improve overall quality of life. Also, promoting support groups for schizophrenic patients and their families in the community would help to ease the burden

and isolation of the disease. Finally, continuing to educate the public about those with mental illness has proven to decrease stigma. Communities and governments on every level can take part in these efforts. By providing grants for research and educational programs in schools, the stigma around schizophrenia can be decreased in the public sector. Secondly, providing financial benefits to employers and community programs - who provide services and counseling to schizophrenic individuals- the number of options available both for jobs and other services could be increased. There are many areas in which governments could help to combat the social persecution that those with schizophrenia face.

From a strictly bioethics standpoint, this patient population is also a complex one. While the principle of patient autonomy would provide that healthcare should focus around what the patient wants and needs, it is very often that those with schizophrenia lack capacity to make medical decisions for themselves. This is simply a product of the psychosis which hallmarks the disease. It creates an interesting position for physicians who want to do what is in the best interest of the patient. Often, medications are given over objection when patients are in acute episodes of psychosis, and cannot express the negative effects of not taking their antipsychotics. However, it is often the case that once these medications begin to work, patients gain capacity to make decisions about their care, and decline to take them. This can create a bit of a revolving issue for many patients and physicians. However, it is important to ensure that the principle of patient autonomy is upheld.

The principle of justice poses continued challenges for healthcare providers. By nature, a mental health visit is going to take longer than a regular check-up. There are also no procedures to be performed, which often bring in a greater payment for providers. However, it is not fair or ethical for physicians to try and squeeze in a mental health visit during a regular fifteen-minute well check. On the other hand, creating longer appointment slots for these patients can take up more time which could have been used for other patients, whose appointments could be delayed. There are not many ways around this issue, as there are only so many hours in the day. However, by hiring more mid-level practitioners, it could be possible for more patients to be seen in the same amount of time while still under physician supervision.

Finally, the bioethics principles of beneficence and non-maleficence pose less of an issue. Medical providers are trusted to do what they believe is best overall for each patient, and not to cause them harm, and in a large majority of medical cases, this is what is done. However, based on these principles, it could be argued that a more inclusive method of healthcare delivery would be necessary. In order to give the best care to a patient and cause no harm, a one stop type of appointment would provide them the best medical care. It is possible that by not providing comprehensive care, and separating mental health from physical health, that the care provided to the mentally ill is less than adequate. In this case, even unknowingly, physicians may be violating these principles every time they leave a medical issue for another practitioner to take care of. By creating integrated care facilities where mental health and general practice medicine are provided

under the same roof, the medical sector could maximize the good they are doing for those with mental health issues, and really all patients receiving any type of care.

CHAPTER 8: CONCLUSION

Schizophrenia is a disease which presents many challenges. Medically, legally, and socially, afflicted individuals face obstacles that decrease their overall quality of life. Some of these are sequelae of the disease and its decrease in social functioning, or symptoms of paranoia and disorganization. However, others are placed on these individuals by society. This has created a lifestyle which is marred by comorbid medical conditions and a resistance to receive treatment. It also creates frequent contact with the legal system, leading to a disorganized home life, and a significant amount of time spent behind bars, and being victimized by others. Finally, many schizophrenic patients are unable to find jobs, and report being without significant supportive relationships in their lives, creating stress both on themselves and their families and caregivers. These difficulties in life can be inseparable from their disease and place schizophrenic patients at a further disadvantage.

Many of the obstacles placed in front of schizophrenic patients are due to stigma within society. They develop a lower opinion of themselves, and there is also concern in communities that they can be violent or dangerous. These beliefs limit opportunities for these individuals to lead as normal a life as they can. However, it has been shown that techniques to reduce this stigma do exist. Through education and direct contact with the mentally ill, stigma can be reduced, and some of the burden placed on schizophrenic patients may be alleviated. It may be possible that through expansion of stigma reducing programs, patients would see an increased quality of life overall.

Through proper management of their medical, legal, and social issues, schizophrenic patients can remain in society as contributing members. They can hold jobs, stay out of jail, and manage their disease. For this to be possible, the resources and knowledge in each of these areas must be available. Patients must continue to be treated as members of society, use evidence based medicine and have social support to create and foster their best quality of life.

Reducing stigma and improving services provided to schizophrenic patients have been shown to improve their living conditions. These are programs that have already been designed and put in place in many areas of our country. By implementing them on a larger scale and continuing to work towards these individual's best interests, society can provide a platform for those with schizophrenia to live their best life.

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