



**Abstract Nr:** 71  
**Internet ID:** 217

**Type of Presentation:** Oral Presentation

**'Quite a lonely illness': service-user perspectives on stigma, services, solidarity and social isolation.**

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**Learning Goal:**

Stigma has been repeatedly shown to influence innumerate measures of wellbeing and functioning, and actively diminishes prospects for recovery (Vass et al., 2015, 2016). However, stigma and internalised stigma remain an overlooked aspect of the psychosis experience which is rarely acknowledged by individuals' social networks or clinical services and interventions.

**Abstract Text:**

Experiences of psychosis, particularly post-diagnosis, too often result in changes to personal and social identity, lengthy engagement with mental health services and psychiatric medication.

Limited qualitative research has explored service-users' experiences of stigma as a response to (1) living with a psychosis diagnosis in their social environment; (2) engaging with mental health services and medication; and (3) how these impact on recovery. This research formed part of a mixed methods project on stigma and recovery, and used data from 19 semi-structured interviews with individuals who had received a psychosis diagnosis within the past 5 years.

We found three themes impacted by stigma in the social world: reactions and responses to diagnosis; relationships; and recovery. Five overarching themes were identified in relation to stigma and service use: living with medication; reinforcing stigma; involvement in care; unmet needs; and positive aspects of care. Service-users made positive reports of some aspects of medication and clinical services, and focused on solidarity and empowerment through relationships based on shared experience. However, participants had extensive concerns about the use of medication, and felt limited in their choice of alternatives.

Moreover, service-users felt they lacked autonomy, were not involved in care decisions, and thought their contact with services and their social networks could be invalidating and frustrating. Participants struggled to cohesively incorporate diagnosis with their previous social identity and sense of self, causing emotional turmoil and a sense of loss. Stigma remains a barrier to recovery and a largely unacknowledged aspect of the psychosis experience in terms of clinical intervention. Services need to work in a stigma-informed way and actively work to reduce the impact and internalisation of stigma post-diagnosis. Clinical services additionally need to reduce behaviours that reinforce stigma, and work collaboratively and transparently with service-users, ensuring that goals for treatment correspond between clinicians and consumers.

**ON THE HEALING POWER  
OF HUMAN RECONNECTION**