

What lies beneath:

Uncovering the hidden drivers and impact of stigma in schizophrenia

This report is designed for a broad audience and conveys information in a general manner, with technical details simplified for clarity and accessibility.



Executive Summary

Schizophrenia is a long-term mental health condition which is characterised by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions. It remains one of the most stigmatised mental health conditions globally, not only because of its symptoms, but also due to societal perceptions of those who live with it, including their carers and loved ones.

Following on from Teva's recent 2025 White Paper ('Overcoming Barriers for People with Schizophrenia to Enable them to Connect, Contribute and Thrive in an Open Society'), a European patient and carer survey¹ was conducted to explore the underlying drivers of stigma associated with schizophrenia, the lived experiences of those affected, and the broader impact of stigma on their lives. The survey illustrates how stigma not only disrupts daily life, social engagement and interactions with healthcare systems, but also how it critically undermines treatment success by limiting adherence, discouraging help-seeking, and increasing the risk of relapse and hospitalisation, ultimately impacting overall quality of life and future prospects.

The survey reveals how the moment of diagnosis marks a critical turning point. While a relief for many, it is often associated with fear, shame and a feeling that patients describe as 'losing themselves'. These early psychological effects and emotional responses can intensify over time and, despite receiving an appropriate treatment, many continue to live with the impact of ongoing stigma associated with their schizophrenia diagnosis.

This latest White Paper highlights the deep and far-reaching impact of stigma, both at a personal and societal level. It raises questions about what should be changed both within and outside of the healthcare system to help people living with schizophrenia and those who care for them. It points to a crucial need for early multi-disciplinary intervention strategies, alongside a holistic approach to long term management - one which integrates clinical care with emotional support, education, and social inclusion. This is not just a social imperative but is essential for improving care outcomes and quality of life of those living with schizophrenia and their loved ones.



¹The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.

1. Diagnosis as a Turning Point: Relief, Fear, and Onset of Self-Stigma

Daniel² is 32 and was recently diagnosed with schizophrenia. He had been feeling increasingly confused, disorganised, and disconnected from those around him. Sometimes he experienced distressing sensory perceptions which were difficult to manage, both for himself and his family. When he received his diagnosis, he had mixed feelings. In some ways, he felt relieved to finally have a name for what he was experiencing, but that relief was short-lived. Everything he had ever known or heard about schizophrenia suddenly became real. It was no longer abstract. It became deeply personal. He began to feel ashamed, afraid of how others might perceive him - and how his diagnosis might define him. What started as a turning point towards understanding quickly became the start of deep self-stigma and an increasing sense of isolation.



For people living with schizophrenia, the moment of diagnosis often has a conflicting impact. While 65% say they felt relieved when finally receiving a formal diagnosis, a nearly equal number, 69%, report feeling terrified.

This dual emotional reaction signals the onset of self-stigma, internalised shame, and anxiety about what the diagnosis means socially, professionally, and personally.

For those who self-report experiencing a high level of stigma associated with their schizophrenia, 74% have been diagnosed within the last 5 years, highlighting the need for early multi-disciplinary intervention to improve outcomes.



Indeed, 64% of people diagnosed with schizophrenia fear that they will **'never be able to live a normal life'**.

²Daniel is a fictional character in this story. Any resemblance to real persons, living or dead, is purely coincidental

The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.

“I saw the word as if it were flashing in neon lights over my head. It signified that I could never move on with my life – that I would be socially condemned.”

– Quote from a person living with schizophrenia



Stigma can manifest as³:

- **Self-Stigma** (explored in this chapter): When individuals internalise society’s negative beliefs, so affecting their self-esteem and willingness to seek help. People may become more reclusive or feel shame.
- **Public Stigma** (explored in chapter 3): Negative perceptions held by society towards people with schizophrenia. People may “back away” from others.
- **Structural Stigma** (explored in chapters 3 and 4): Policies or practices within institutions that discriminate against individuals with mental health conditions. This could impact employment, housing or access to care.

Overall, 91% of those living with schizophrenia feel that their condition has negatively affected how others perceive them, how others interact with them and how they view themselves:

- **69%** feel ashamed and try to hide their condition.
- **74%** feel like a burden to family or friends.
- **76%** feel they have “lost themselves” due to schizophrenia.
- **59%** report that they would be better off dead or hurting themselves in some way.

The level of stigma reported by people living with schizophrenia and those who care for them is not solely dependent on the number or type of symptoms experienced. Even those with few or no symptoms often claim to experience high levels of stigma, suggesting that stigmatisation is also linked to perceptions and attitudes about schizophrenia and what the condition stands for in the minds of themselves and others, rather than exclusively the result of clinical presentation or outward symptoms.

“At the time of my diagnosis, my understanding of what schizophrenia meant versus what it actually means didn’t necessarily align. All I could think about was the stigma associated with that word and what people might think.”

– Quote from a person living with schizophrenia



³GAMIAN-Europe. Enhancing understanding and reducing the stigma of major mental health conditions. Brussels, Belgium. 2024.

The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.

2. The Daily Toll: The Clinical Burden of Living with Schizophrenia

Daniel's⁴ life post-diagnosis is shaped as much by the treatment he receives as by the psychological and physical issues associated with his schizophrenia.

He faces a mix of physical and emotional symptoms. He has trouble getting himself organised and often feels down. Since the last adjustment to his treatment, his symptoms have been easier to manage, but they have not completely gone away. He has been hospitalised twice this year and has experienced three relapses. These relapses have had a significant impact on his daily life and health, resulting in missed days at work and requiring a number of additional follow-up appointments with either his regular doctor or different healthcare professionals.

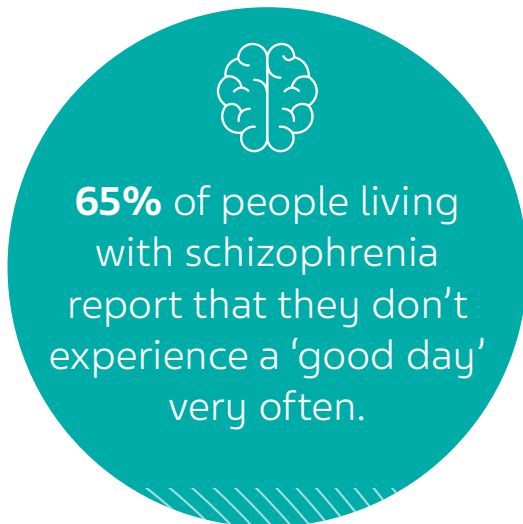
As a result of his treatment Daniel is constantly tired and often feels drained at the end of the day. He has gained weight and feels uncomfortable with the way he looks. He wishes he could stop taking his medication, but he knows the risk of relapse and potentially even hospitalisation is too great. In addition, he has begun experiencing involuntary movements, which make his condition more visible, stripping away his ability to keep it private and adding another layer of emotional burden. Daniel says his symptoms, coupled with the effects of his treatment, make him prefer to avoid social interactions, including going to work, and so he has become increasingly isolated, relying heavily on his wife Sofia⁴ for support.



⁴Daniel and Sofia are fictional characters in this story. Any resemblance to real persons, living or dead, is purely coincidental. The picture is for illustrative purposes only and does not reflect the actual patient.

The survey showed that among the most frequently experienced symptoms of schizophrenia are low mood (experienced by 51% patients), hallucinations (42% of patients), lack of motivation (40% of patients), and trouble organising thoughts (30% of patients). Low mood and hallucinations are rated as most difficult to manage (by 27% and 30% of respondents respectively). 28% of patients have gained weight and around 20% may suffer from involuntary movements. Many also live with significant comorbid illnesses such as diabetes (15%), or cardiovascular conditions (7%).

The impact on day-to-day life is substantial.



In fact, 73% of patients describe their schizophrenia as having 'taken away precious moments of their life'.

Whilst the majority agree that the treatment prescribed for their schizophrenia has helped them manage their symptoms (81%) and improved their quality of life (80%), it remains far from perfect.

- **77%** say that they have visited the emergency room as a result of their schizophrenia.
- **81%** report that they were hospitalised related to their schizophrenia.
- **86%** state that their prescribed antipsychotic medication was changed after a hospitalisation or emergency room visit.

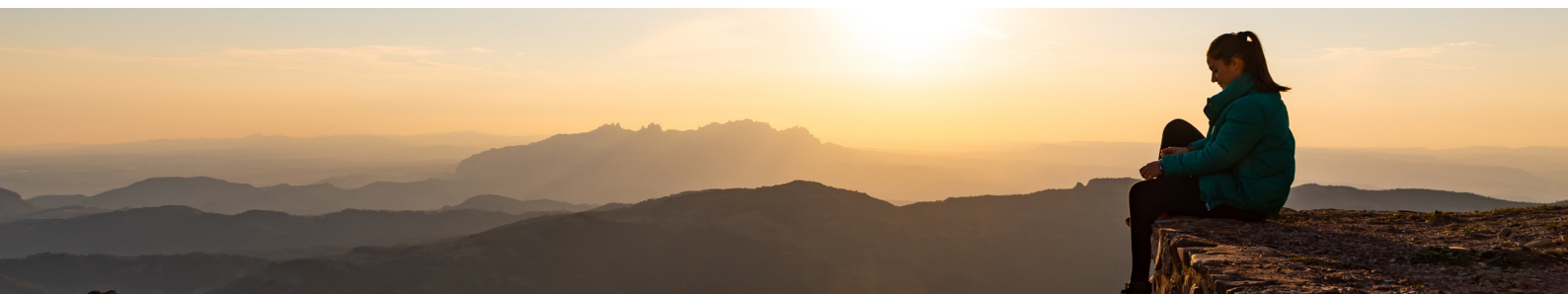


This demonstrates the need for wider support, beyond simply medication, to help people living with schizophrenia to cope with the physical, psychological, and emotional impact of their condition.

Furthermore, alongside the symptoms of schizophrenia itself, additional comorbidities and treatment side effects exacerbate the burden of the condition.

- **67%** report that their treatment makes them feel constantly tired and drained, making it hard to get through the day.
- **69%** dislike how their body looks since starting treatment and **64%** believe that weight gain associated with their treatment negatively impacts how others act towards them.
- **20%** report continuing to experience involuntary movements (e.g. muscle twitches or spasms).

These effects are more than discomfort; they are also key drivers of non-adherence to medication and contribute directly to healthcare utilisation. 58% of patients report reluctance to take medication because of physical issues they attribute to side effects. This is amplified where stigma is high: people experiencing lower levels of stigma report more consistent medication adherence compared to those with higher stigma levels (94% vs 83% respectively).



The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.

3. Beyond the Clinic: The Challenge of Social Integration

Daniel⁵ works in logistics, but after he was diagnosed with schizophrenia, he found it increasingly difficult to cope, with no one to turn to at work. He avoids disclosing his diagnosis out of fear of how others will react. His relapses have forced him to take time off work. Many co-workers started asking questions. He is afraid he might be asked to leave. Although he is prescribed antipsychotic treatment to control his condition, it is more and more difficult to hide his disease. The emotional and physical signs are there, and he can't hide them. He is scared. He is reluctant to socialise and has lost touch with many friends. His wife Sofia has become his main carer.

The pressure on Sofia⁵ is apparent too. She is Daniel's primary source of support and feels she is the only person he can truly depend on. She works full time as a nurse and devotes much of her spare time to looking after Daniel's needs, leaving little time for friends of her own. The burden is physical, emotional, and social - and rarely talked about.



The combined impact of symptoms, comorbidities and treatment side effects all contribute to the burden of living with schizophrenia and the stigma surrounding the condition. The consequences of this are far-reaching. Public, self, and structural stigma create a self-reinforcing cycle: societal attitudes and institutional policies can lead to discriminatory practices and limited opportunities, causing individuals to internalise these negative views, further limiting their self-worth and increasing their reluctance to seek help. This, in turn, reinforces public stereotypes and maintains structural barriers, making it difficult for affected individuals to overcome stigma and recover.

Those living with schizophrenia prefer to keep their condition hidden to avoid public stigma. Fear of experiencing visible symptoms in public like psychotic episodes or involuntary movements which are noticeable to others are strongly associated with stigma (74% of patients and 77% of carers worry about public psychotic episodes and 60% of patients and 74% of carers worry about noticeable involuntary movements). In practice, 77% of people living with schizophrenia say public stereotypes have harmed their self-confidence.

⁵Daniel and Sofia are fictional characters in this story. Any resemblance to real persons, living or dead, is purely coincidental

The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.



“I worried that others would assume I was violent or unpredictable and that my life was essentially over.”

– Quote from a person living with schizophrenia



68% report difficulty maintaining friendships.

Moreover, they (69%) experience feelings of shame and attempt to conceal their condition, while 74% perceive themselves as a burden to their family or friends. These experiences, exacerbated by societal stigma, strongly undermine social and community connections, often resulting in increased isolation.

74% report that schizophrenia had impacted their employment as a result of:

- **Negative stereotypes of schizophrenia** (e.g., being seen as dangerous, unpredictable, or incapable) (71%).
- **Negative attitudes or feelings from others** (e.g., fear, discomfort, avoidance) (68%).
- **Discriminatory behaviour from others in the workplace** (e.g., being excluded, treated unfairly) (66%).
- **Institutional or systemic discrimination** (e.g., hiring practices, policies, or laws that create barriers) (63%).

For those who are employed, 51% had taken more than 3 days off in the past 12 months due to a relapse in symptoms. This is compounded by stigma: those experiencing higher levels of stigma are 10% more likely to have taken more than 5 days off compared to those reporting lower levels of stigma.

The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.



“I’ve experienced stigma related to psychosis in the workplace on several occasions. Once, I was even shown the ‘back door’ to leave after a psychotic episode, which left me feeling suicidal. After many years of trying and failing to fit into office environments, I’ve learned to put myself first and only work with people on a freelance basis.”

– Quote from a person living with schizophrenia

The impact of stigma reaches beyond just the patient themselves. Those caring for people living with schizophrenia also face heavy burdens.



Around half (48%) spend **between 11 and 20 hours per week** caring for patients living with schizophrenia, with a further quarter (26%) devoting even more time than this.

- **82%** feel they are alone in being the only source of support for the person they care for.
- **79%** say caregiving has affected their own employment prospects.
- **75%** report a negative impact on their own social life and **72%** report an impact on their personal and romantic relationships as a result of their caring responsibilities.
- **67%** feel let down as a carer by the healthcare system.

The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.

4. A System That Is Accessible, But Not Always Adapted



Daniel⁶ lives close to his psychiatrist and attends appointments regularly and independently, but the emotional support he needs is harder to access. He likes his doctor and knows that he has Daniel's best interests at heart, but sometimes he would like a deeper discussion. His appointments are short and efficient. However Daniel needs time to open up, it is not easy for him to speak about his emotions, and how his symptoms influence how others see and behave towards him. He wishes that the conversations could include broader aspects of life, such as emotional resilience, everyday challenges, and dealing with the stigma he experiences – something which would give him a little more hope for his future.

Access to appointments is relatively good, with 79% of patients living within 30 minutes of their healthcare provider, and 74% attending appointments independently. Psychiatry access is high (93% have seen a psychiatrist in the last 12 months).

However, with limited time and resources, healthcare providers can only do so much, and their priority must naturally be clinical care, such as discussing symptoms (accounting for 41% of appointments) or reviewing medication (32% of appointments). Appointments where the focus is on the discussion of additional support account for less than 20% cases. As a result, only 44% of patients believe there is enough help for them in terms of emotional support, counselling, finding work, housing, or any other challenges they might experience because of their schizophrenia.



The improvement most frequently suggested by people living with schizophrenia is a place to go to or contact, without a prior appointment, to receive support from a nurse, psychologist or social worker (67%).

⁶Daniel is a fictional character in this story. Any resemblance to real persons, living or dead, is purely coincidental

The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences.

The picture is for illustrative purposes only and does not reflect the actual patient.

5. Conclusions & Recommendations: From Understanding to Action

This White Paper highlights a stark but important reality: people living with schizophrenia, although treated, continue to face high levels of self-stigma and public stigma.

Starting from the moment diagnosis is communicated, the burden of stigma shapes the daily life of people living with schizophrenia and those who care for them. Both frequently feel misunderstood by those around them, leaving them struggling to find their place in society and facing obstacles to both social and economic inclusion.

Although treated, people living with schizophrenia still face physical or cognitive difficulties which can disrupt daily routines and reinforce negative stereotypes that

fuel both self and public stigma. This can discourage people from seeking timely help and support at precisely the moment when they need it most and is a significant contributor to relapse and hospitalisation.

People living with schizophrenia, and those who care for them, need more support to reduce the burden not only of the condition itself, but the ongoing negative impact of the vicious circle of stigmatisation.

Early multi-disciplinary intervention is essential to reduce or even prevent the cumulative effects of stigma, right from the start. A holistic approach is required, integrating healthcare providers, policymakers and community support to address and prevent stigma from the outset.



The picture is for illustrative purposes only and does not reflect the actual patient.

Call to Action

Building on these findings, we propose five areas of action to create meaningful change:

Reinforcing mental health system support from diagnosis onwards

- Prioritise patients and carers' emotional support from the point of diagnosis, when self-stigma often first takes hold.
- Improve early identification of individuals at risk of harming themselves, with timely intervention. Encourage a multi-disciplinary approach, with open dialogue through platforms where patients can safely share their experiences.

Empower patient and carers

- Help patients and carers to recognise stigma precursors, building resilience and empowering them to seek and find help.
- Make training on stigma causes, impacts, and coping strategies a core element of care plans for patients and carers.

Tailor the healthcare system intervention

- Encourage healthcare systems to play a crucial role in reducing stigma by integrating stigma awareness and management into national mental health plans, if not yet included.
- Ensure integrated, multidisciplinary models of care that address both clinical and social needs and investigate root causes for relapse and hospitalisation.
- Establish safe spaces for patients and carers to access immediate support, counselling, and supporting information.

Enhance the policy and advocacy debate on schizophrenia

- Call for national mental health plans to include a schizophrenia stigma reduction strategy and support during life.
- Invest in public awareness campaigns that dispel myths, promote empathy, and challenge negative stereotypes.

Strengthen community visibility

- Include the patient voice into policy making with healthcare providers and policymakers to ensure that the needs of people living with schizophrenia are integrated into the political and social agenda.
- Empower carers and patients to take part in shaping community services and strategies, ensuring their lived experiences drive change.

In conclusion, stigma and its impact on the daily life of patients and carers remains the greatest burden of schizophrenia. By addressing it at every level – personal, clinical, societal, and political – we can create a future where people living with schizophrenia, and those who care for them, feel understood, supported, and included. Together, we can shift the narrative from stigma and exclusion to connection, dignity, and hope.

In this context, we invite policy makers, patient advocacy groups, healthcare professionals and other relevant stakeholders to consider the following questions as part of the ongoing policy debate on mental health:

- How can health systems provide immediate and continuous support at the time of diagnosis to address self-stigma and reduce its exacerbating long term negative impact on patient outcomes such as relapse or hospitalisation? Should national mental health plans include a Schizophrenia Stigma Reduction Strategy with measurable targets?
- What policy measures could strengthen integrated, multidisciplinary care pathways for people living with schizophrenia? Should a Stigma Reduction Plan be a component of patient care plans?
- How can people living with schizophrenia and those who care for them be informed and trained to recognise stigma precursors? And what structures can be put in place to offer systematic support for carers, recognising the emotional, social and economic burden they carry?
- What are the key elements of schizophrenia awareness campaigns to dispel misconceptions, promote empathy, and challenge negative stereotypes?
- Can we create platforms which encourage open dialogue by and between patients to share their stories and experiences with others, reducing the sense of isolation and offering other avenues of support?
- How can we promote access to vocational training programmes, and workplace adaptations to enhance employment opportunities for patients and their carers?

Let's Discuss...



The picture is for illustrative purposes only and does not reflect the actual patient.

The data presented in this White Paper is sourced from a Patients and Carers Stigma Survey 2025 (Project number: 400363542, MR-001612) financed by Teva and conducted by Oracle Life Sciences. This was an online survey of adult patients with schizophrenia, and their (unpaid) carers, aged 18 years and older. The aim was to understand the factors contributing to the burden of stigma experienced by these patients, as well as their perceptions of the support they receive from the healthcare setting. Patients were identified via opt-in online survey panels, using quota sampling procedures stratified by time since diagnosis, treatment regimen adherence and level of schizophrenia symptom control to ensure the ability to answer coherently. Moreover, quotas stratified by sex and age were introduced to ensure representation of the population of patients living with schizophrenia. The Patients and Carers Stigma Survey 2025 was conducted during June and July 2025 among 182 participants in Europe (51 in Germany, 50 in Italy, 30 in Spain, and 50 in the UK).

The quotations presented in this White Paper are quotes from real patients living with schizophrenia. Teva has necessary consents and permissions from these individuals to use their quotes in an anonymised format for publication and communication purposes.

The pictures contained in this White Paper are part of the Teva Library and have the required permissions for use.

White Paper created and funded by Teva Pharmaceuticals Europe BV
Address: Busweg 1, 2031 DA Haarlem, Netherlands

© Teva 2025

NPS-TPE-NP-01015