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Negative social experiences and self-esteem in people with schizophrenia



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ABSTRACT

Schizophrenia, a chronic mental health condition, is often compounded by social stigma and discrimination, which can significantly affect the well-being of individuals diagnosed with the disorder. This study explores the impact of negative social experiences and responses to discrimination on the self-esteem of individuals with schizophrenia, a population often affected by social stigma that harms their psychological well-being. Using a quantitative correlational design, the study aimed to analyze the relationship between these variables. The research was conducted in 2023 at the Adult Polyclinic RSJ Prof. HB Saanin Padang, involving 341 schizophrenia patients. Data were collected using a validated questionnaire that assessed negative social experiences, responses to discrimination, and self-esteem, with data analyzed using Pearson's correlation test. The results indicated a significant relationship between both negative social experiences ($r = 0.032$, $p < 0.05$) and responses to discrimination ($r = 0.045$, $p < 0.05$) with self-esteem. These findings contribute to the growing body of literature on stigma and self-esteem in schizophrenia, highlighting the detrimental effects of social discrimination on mental health. Based on these results, it is recommended that psychological interventions for schizophrenia sufferers incorporate strategies to reduce stigma and address discrimination, which could improve their self-esteem and overall quality of life.

Keywords:

Negative social experiences
Discrimination response
Schizophrenia
Psychosocial interventions
Stigma reduction strategies

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Introduction

Schizophrenia is a clinical syndrome involving various psychopathological disturbances, such as emotions, perception, behavior, and thought processes (Pienkos, 2020). The incidence of schizophrenia is generally higher in men than women (Fischer & Buchanan, 2020). In Indonesia, the prevalence of schizophrenia has shown a significant increase, from 1.7 per mile in 2013 to 7 per mile in 2018, indicating an urgent need for attention (Riskesdas, 2018). West Sumatra, for instance, ranks fourth in the country, with a prevalence of 9.1 per mile, exceeding the national average (Singh et al., 2020; Morozova et al., 2022). Despite these alarming figures, the impact of negative social experiences and stigma on the psychological well-being of schizophrenia patients in Indonesia remains underexplored (Solmi et al., 2023). The prevalence of schizophrenia is not evenly distributed geographically throughout the world (Li et al., 2023). Historically, the northeastern and western regions of the United States have been reported to have a higher prevalence of schizophrenia than other regions).

The severity of schizophrenia tends to be higher in developed countries compared to developing countries (He et al., 2020). According to Basic Health Research (Riskesdas) in Indonesia, the

prevalence of schizophrenia increased from 1.7 per mile in 2013 to 7 per mile in 2018. This means that there are 7 per 1000 households that have family members with schizophrenia. The prevalence of schizophrenia also increased in West Sumatra from 2013 to 2018 (Jester et al., 2023). West Sumatra is ranked fourth in terms of the highest number of schizophrenia sufferers in Indonesia, with a prevalence of 9.1 per mile, which means the number of schizophrenia sufferers in West Sumatra exceeds the national average (Kementerian Kesehatan RI Badan Penelitian dan Pengembangan., 2018).

People with schizophrenia generally face chronic conditions throughout their lives (Janoutová et al., 2016). Upon returning to society after hospitalization, they often encounter negative social experiences, such as alienation, stereotype endorsement, and social withdrawal (Mote & Fulford, 2020). Alienation refers to feelings of isolation or disconnection from others and the environment (Kumari et al., 2023), while stereotype endorsement describes the internalization of societal labels that portray them negatively due to their mental illness (Jacobs & Quinn, 2022). Social withdrawal, on the other hand, reflects a tendency to avoid social interactions due to fear or discomfort (Oliva et al., 2022). These experiences not only exacerbate their psychological condition but also affect their responses to discrimination and self-esteem. Understanding these mechanisms is essential for designing effective interventions to support their recovery. In addition, schizophrenia sufferers often experience stereotype endorsement, a negative feeling of sufferers who feel they are labeled or identified negatively by societal stereotypes because they suffer from mental illness (Jacobs & Quinn, 2022). Then, social withdrawal, where sufferers tend to withdraw from social interactions because of fear or discomfort. This experience not only worsens their psychological condition but also affects how they respond to the discrimination they experience. Sufferers' responses to discrimination can vary, from passively accepting it to actively trying to fight the stigma. Understanding how these negative social experiences impact self-esteem is critical to designing more effective interventions to support their recovery.

Previous research has highlighted the impact of stigma and discrimination on people with schizophrenia, but most has focused only on its negative impact on psychosocial well-being and limitations in daily (Hampson et al., 2020; Kumar et al., 2020). Several studies show that internal stigma (self-stigma) can worsen symptoms and slow down the recovery process (Komatsu et al., 2021), while external discrimination contributes to social exclusion and difficulties in interacting with society (Ma et al., 2023). However, there is a lack of research examining the more complex relationships between negative social experiences, responses to discrimination, and sufferers' self-esteem. Many studies tend to separate these factors, even though in real life, these factors often interact with each other and form a cycle that influences an individual's psychological condition. This research offers a more holistic approach by integrating these three variables, providing a more comprehensive picture of the social and psychological dynamics experienced by schizophrenia sufferers. By understanding this mechanism, it is hoped that new insights can be discovered that have the potential to provide a better understanding of ways that can be used to reduce the negative impact of discrimination and stigma in the lives of schizophrenia sufferers.

This study aims to analyze the relationship between negative social experiences and responses to discrimination with self-esteem in schizophrenia sufferers. Specifically, this research aims to identify mechanisms that explain how negative social experiences can influence self-esteem through responses to discrimination. It is hoped that the results of this research will provide an important contribution to the development of more personalized and effective intervention strategies, both in clinical and community contexts, to increase the self-esteem of schizophrenia sufferers.

Methods

This study uses a quantitative approach with a cross-sectional design to explore the correlation between negative social experiences and responses to discrimination with the self-esteem of individuals with schizophrenia. A cross-sectional design was chosen because it allows data collection

at a single point in time, which is suitable for identifying and analyzing the relationship between these variables within the existing population. By using this design, the study can examine the extent to which negative social experiences and responses to discrimination are related to self-esteem in schizophrenia sufferers without the need to wait for long periods. This makes the design more time- and resource-efficient compared to a longitudinal design, which would require repeated data collection over an extended period. While a longitudinal design could offer insights into changes in the relationships between variables over time, the cross-sectional design is sufficient for the purpose of this study, which is to explore the relationship between the variables at a specific moment in time.

The research subjects were schizophrenia patients who sought treatment at the Adult Polyclinic of Prof. HB Saanin Hospital Padang. The total sample consisted of 341 participants selected using accidental sampling technique during 1 month of the study. Participants consisted of outpatients and inpatients, with an average age of [insert mean age] years. The sample also varied in terms of educational background, ranging from Elementary/Middle School, Senior High School, College. This demographic information is important to consider, as it helps assess the relevance of the sample to the wider population of people with schizophrenia. The instrument used in this study was a multi-part questionnaire to measure negative social experiences, response to discrimination, and self-esteem. To minimize potential confounding variables that could influence self-esteem, such as the severity of schizophrenia symptoms, social support, and economic conditions, these factors were controlled for during the analysis. The severity of schizophrenia symptoms was assessed using the Positive and Negative Syndrome Scale (PANSS), a standardized tool for evaluating symptom severity in individuals with schizophrenia. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS), while economic conditions were assessed using a questionnaire that evaluated household income, employment status, and other socio-economic factors.

To measure negative social experiences and responses to discrimination, researchers used a questionnaire adapted from ISMI-10 (Internalized Stigma of Mental Illness). This questionnaire covers three main aspects (Van Beukering et al., 2022): alienation, stereotype endorsement and social withdrawal, as well as responses to discrimination, such as perceived discrimination and stigma resistance (resistance to stigma). To measure self-esteem, researchers used the Rosenberg Self-Esteem Scale (RSE), which is an instrument that has been proven valid and reliable in measuring self-esteem (Bouih et al., 2022). These two questionnaires have been tested for validity and reliability. The validity of the instrument was assessed through both content validity and construct validity. Content validity was evaluated by consulting with experts in the field to ensure the questions comprehensively covered the target constructs. Construct validity was tested using factor analysis, which confirmed that the questions were appropriately grouped into their respective constructs. Regarding reliability, a Cronbach's alpha of 0.891 was obtained, which indicates a high level of internal consistency. In detail, the research instrument indicators can be seen in the following table:

Table 1. Research instrument indicators

Variables	Indicators	Statement
Negative social experiences	Alienation	<ul style="list-style-type: none"> Negative perceptions about mental disorders make me isolated from the "normal" world I feel like a stranger in this world because I have a mental disorder Being around people who do not have mental disorders makes me feel isolated and uncomfortable
	Stereotype Endorsement	<ul style="list-style-type: none"> The perception of mental disorders applies to me People who don't understand mental disorders cannot possibly understand me

Variables	Indicators	Statement
	Social Withdrawal	<ul style="list-style-type: none"> No one is interested in approaching me because I have a mental disorder
Discrimination response	Perceived Discrimination	<ul style="list-style-type: none"> I cannot contribute anything to society because I have a mental disorder
	Stigma Resistance	<ul style="list-style-type: none"> I can have good will and meet my needs even though I have a mental disorder In general, I am able to live the way I want
Pride		<ul style="list-style-type: none"> Overall I am satisfied with myself Sometimes I think I'm not smart at all I feel that I have a number of good qualities I am able to do things like other people are able to do I don't think there is much to be proud of about myself Sometimes I feel useless I feel I am a valuable person I wish I could be more appreciated Overall I tend to feel like a failure I am positive about myself

The data analysis technique in this research includes two types of analysis, namely: univariate analysis, which is used to describe the characteristics of each research variable, such as frequency and percentage. This analysis will provide a general overview of the distribution of respondents based on the variables studied. Then, bivariate analysis was used to determine the relationship between negative social experiences, responses to discrimination, and self-esteem in schizophrenia sufferers. The statistical test used in the bivariate analysis is the Pearson correlation test to test the correlation between negative social experience variables and discrimination responses with self-esteem.

Results and Discussion

In this section, we present the results of an analysis of the characteristics of research subjects involving people with schizophrenia. Table 2 shows the distribution of subject characteristics, which include gender, age, education, employment status, and duration of illness, as well as the results of the chi-square test used to identify the relationship between these characteristics and the self-esteem of schizophrenia sufferers. The chi-square test was carried out to evaluate whether there was a significant relationship between subject characteristic variables and self-esteem.

Table 2. Characteristics of Research Subjects

Subject Characteristics	Category	Frequency (n)	Percentage (%)	(p-value)
Gender	Male	180	52.8%	0.045 (p < 0.05)
	Female	161	47.2%	
Age	< 30 years	120	35.2%	0.312 (p > 0.05)
	30 - 45 years	145	42.5%	
	> 45 years	76	22.3%	
Education	Elementary / Middle School	80	23.5%	0.159 (p > 0.05)

Subject Characteristics	Category	Frequency (n)	Percentage (%)	(p-value)
Employment	Senior High School	150	44.0%	0.002 (p < 0.05)
	College	111	32.5%	
	Employed	160	46.9%	
	Unemployed	181	53.1%	
Durasi Penyakit	< 5 years	130	38.1%	0.223 (p > 0.05)
	5 - 10 years	155	45.5%	
	> 10 years	56	16.4%	

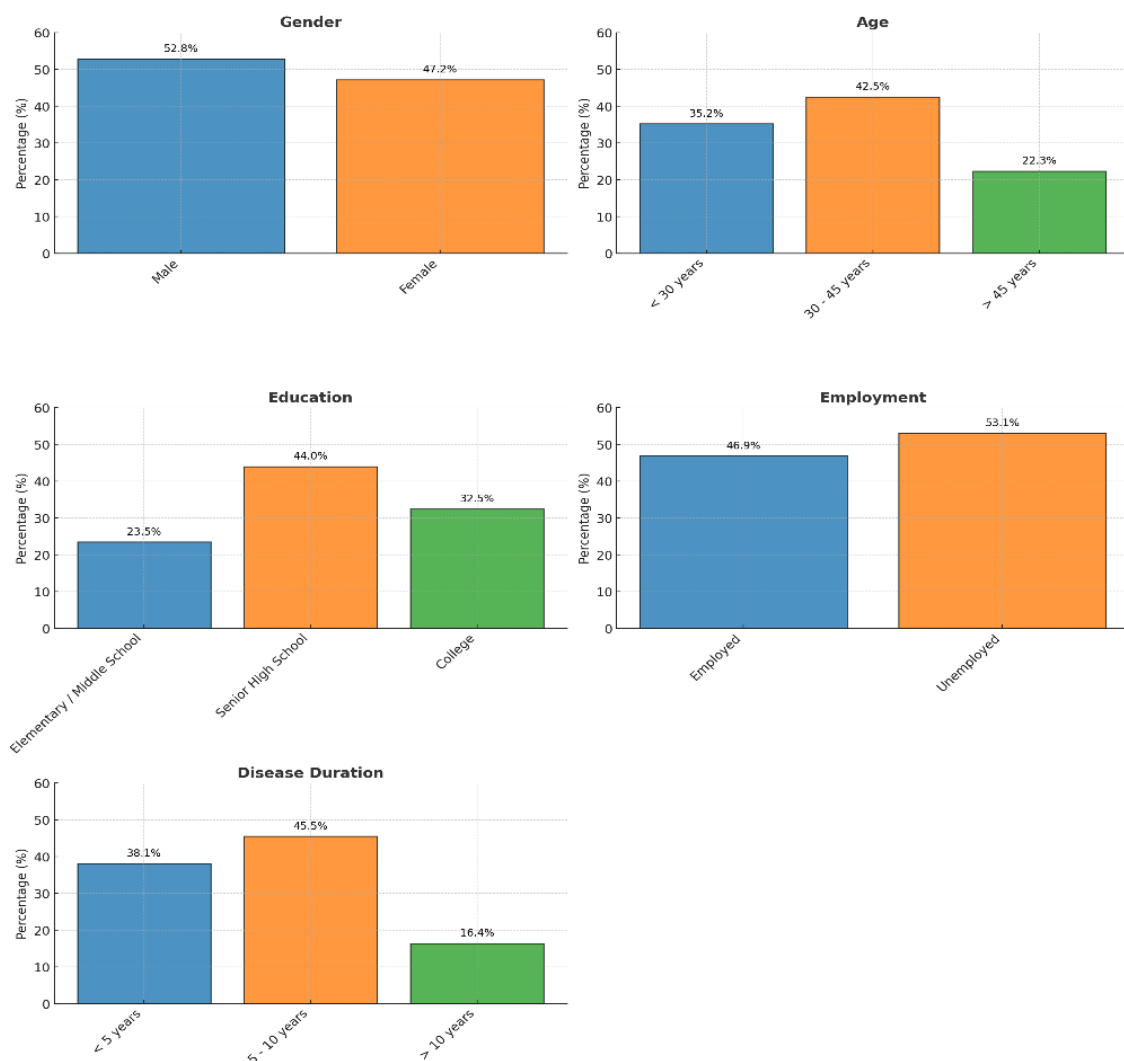


Figure 1. Subject Characteristics

Table and frame 1 shows that the majority of research subjects were men (52.8%), while women accounted for 47.2% of the total sample. For age distribution, the 30-45 year age group was the largest, with 42.5% of subjects, followed by the age group under 30 years (35.2%) and over 45 years (22.3%). In terms of education level, the majority of subjects had their final education at the high school/vocational school level (44.0%), followed by those who had tertiary level education (32.5%) and elementary/middle school (23.5%). In terms of employment status, almost half of the subjects

were employed (46.9%), while more than half (53.1%) were unemployed. Regarding the duration of the disease, the majority of subjects had a disease duration between 5 and 10 years (45.5%), followed by those who had the disease for less than 5 years (38.1%), and those who had the disease for more than 10 years (16.4%). In addition to the frequency distribution, this table also shows the results of the chi-square test which was used to analyze the relationship between subject characteristics and the self-esteem of schizophrenia sufferers. The chi-square test revealed that gender ($p = 0.045$) and employment status ($p = 0.002$) had a significant relationship with self-esteem in schizophrenia sufferers, while the variables age ($p = 0.312$), education ($p = 0.159$), and duration of illness ($p = 0.223$) does not show a significant relationship. These findings provide an overview of factors that may influence the self-esteem of people with schizophrenia, which need to be considered in the development of psychosocial interventions.

Gender distribution showed that the majority of subjects were male (52.8%), which is consistent with a previous study that found a slightly higher prevalence of schizophrenia in males compared to females, especially in younger age groups (Riecher-Rössler et al., 2018). The significant relationship between gender and self-esteem ($p = 0.045$) can be explained by social and biological differences. Men with schizophrenia tend to face greater social stress due to gender role expectations, such as economic responsibilities, which, if not met, can affect their self-esteem. In contrast, women may receive more social support, potentially protecting their self-esteem despite schizophrenia.

The age distribution shows that the 30-45 year age group is the largest (42.5%), followed by the group under 30 years (35.2%) and over 45 years (22.3%). Although there is no significant relationship between age and self-esteem ($p = 0.312$), this is interesting to note. Some research suggests that younger age is often associated with a more severe impact of schizophrenia stigma, which can damage self-esteem, while older individuals may be better able to develop coping mechanisms (Bradbury, 2020; Amsalem et al., 2021; Mueser et al., 2020). However, this distribution may also reflect a pattern of disease onset that generally begins at a young age, with long-term implications for social and work life. The majority of subjects had their final education at the high school/vocational school level (44.0%), while tertiary education (32.5%) and elementary/middle school (23.5%) dominated the other groups. The absence of a significant relationship between education and self-esteem ($p = 0.159$) may be due to the homogeneity of discrimination experiences felt by people with schizophrenia, regardless of their level of education. However, higher education can provide access to better resources and better adaptability to social challenges, as reported in related studies (Boyd et al., 2014).

The significant relationship between employment status and self-esteem ($p = 0.002$) highlights the importance of work as a determinant of self-esteem. Almost half of the subjects worked (46.9%), but more than half (53.1%) did not work. Individuals with schizophrenia who work tend to have a higher sense of purpose and social inclusion, which may increase their self-esteem. In contrast, unemployment is often associated with social isolation and feelings of uselessness, which have a negative impact on self-esteem (Wani & Ahmad, 2024). These findings support the need for occupational rehabilitation programs as part of interventions for people with schizophrenia.

The majority of subjects had disease duration between 5 and 10 years (45.5%), while durations of less than 5 years (38.1%) and more than 10 years (16.4%) showed considerable variation. The absence of a significant relationship between disease duration and self-esteem ($p = 0.223$) may reflect that the decline in self-esteem is not always linear with time. Previous research shows that self-esteem is more influenced by social interactions and support than the duration of the illness itself (Harris & Orth, 2020). Longer duration of illness may allow individuals to develop coping mechanisms, but may also reinforce internalized stigma that reduces self-esteem.

Significant findings on the chi-square test indicate that gender and employment status have a significant relationship with the self-esteem of schizophrenia sufferers. These findings support previous literature suggesting that gender can influence psychosocial experiences, with men and women facing stigma differently in the context of mental disorders (Hamidi et al., 2023). Employment status as a significant predictor also underscores the important role of economic productivity in

strengthening self-esteem. Working individuals tend to have a greater sense of accomplishment, access to wider social networks, as well as greater autonomy, all of which contribute to increased self-esteem. In contrast, age, education level, and disease duration did not show a significant relationship with self-esteem. This indicates that other factors, such as social support, coping strategies, or symptom severity, may be more decisive. For example, previous research found that levels of self-esteem were more influenced by experiences of stigma and social isolation than duration of illness or level of education.

These results have significant practical implications, especially in the development of interventions focused on stigma reduction, occupational empowerment, and psychosocial support to improve the self-esteem of people with schizophrenia. Community-based interventions designed to increase employment opportunities, provide skills training, and expand social networks may be an effective strategy (Lohse, K. R., Lang, C. E., & Boyd, L. A, 2014). Furthermore, these findings emphasize the need for a personalized approach in the management of schizophrenia, taking into account individual characteristics such as gender and employment status. Future studies could explore how interactions between demographic and psychosocial factors influence self-esteem, as well as how interventions can be designed to mitigate the impact of social stigma in this population.

Next, Table 3 presents the frequency distribution based on category for each variable studied, namely negative social experiences, responses to discrimination, and self-esteem. This category is determined based on calculating the total score which is divided into three groups: high, medium and low. Categorization is carried out using the average value (\bar{x}) and standard deviation (SD), where the subject's score is categorized as High if it is greater than the average (\bar{x}) plus one standard deviation (1 SD), Medium if it is within the average range -mean \pm 1 standard deviation, and Low if smaller than the mean (\bar{x}) minus one standard deviation (1 SD). This table also contains the results of correlation tests between these variables to provide further insight into the relationship between variables in this research.

Table 3. Frequency Distribution Based on Category for Each Variable, Average, Standard Deviation, and Correlation Test Results

Variable	Category	(n)	(%)	(\bar{x})	(SD)	(p-value)
Negative Social Experiences	High	81	23.7%	45.6	10.2	0.032 (p < 0.05)
	Medium	176	51.6%			
	Low	84	24.6%			
	Total	341	100%	45.6	10.2	
Respon discrimination	High	114	33.5%	48.2	11.3	0.045 (p < 0.05)
	Medium	142	41.6%			
	Low	85	24.9%			
	Total	341	100%	48.2	11.3	
Self esteem	High	101	29.6%	42.9	9.8	
	Medium	150	44.0%			
	Low	90	26.4%			
	Total	341	100%	42.9	9.8	

Based on Figure 2 in the negative social experience variable, the majority of respondents (51.6%) were in the Medium category, which indicates a moderate level of negative social experience. The High category was filled by 23.7% of respondents, while another 24.6% fell into the Low category, indicating significant differences in the social experiences felt by respondents. For the discrimination response variable, 33.5% of respondents reported a High level of discrimination, while 41.6% were in the Medium category. Approximately 24.9% of respondents were in the Low category, illustrating that

although the majority felt discrimination occurred, the proportion reporting low levels of discrimination also cannot be ignored. In terms of self-esteem, the majority of respondents (44.0%) were classified in the Medium category, indicating moderate self-esteem. Most respondents (29.6%) were in the High category, while 26.4% of respondents had a Low self-esteem score.

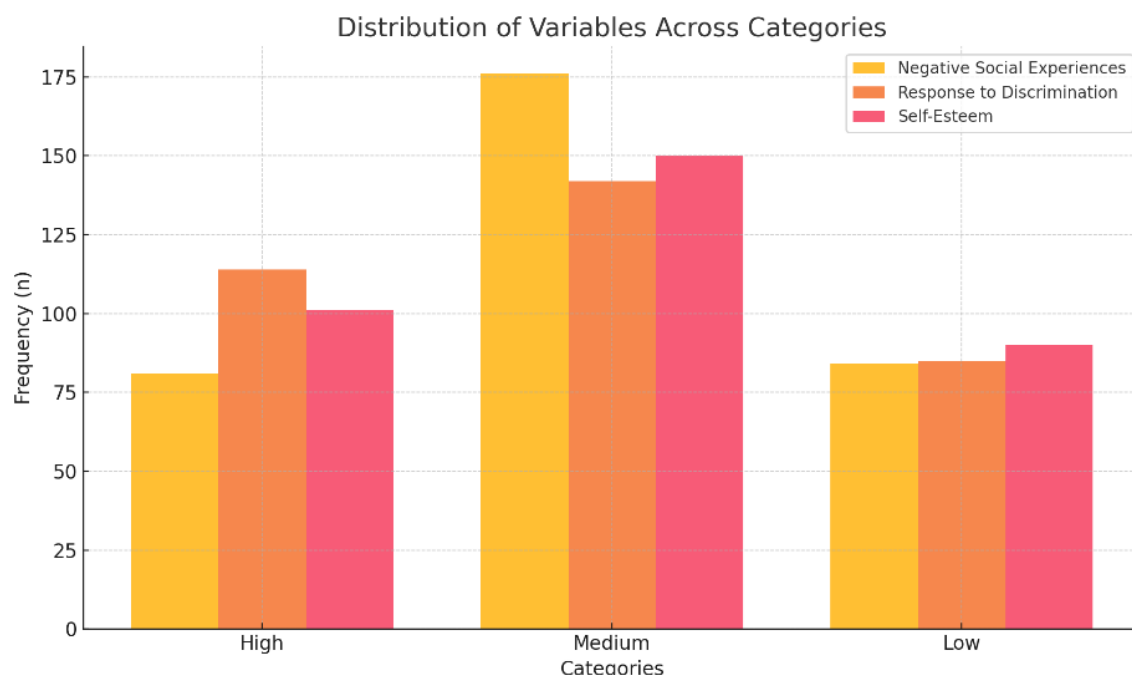


Figure 2. Distribution of Variables Across Categories

The results of the correlation test between negative social experiences and self-esteem showed a significantly negative correlation coefficient ($r = -0.45$, $p < 0.01$). This means that the higher the level of negative social experiences felt by individuals, the lower the level of self-esteem they have. This relationship indicates that individuals who feel isolated or face social discrimination tend to have lower self-esteem. This is in line with psychological theories which state that negative social experiences can influence an individual's perception of themselves. The correlation between discrimination responses and self-esteem also showed a significant negative relationship ($r = -0.38$, $p < 0.01$). This means that individuals who perceive discrimination more strongly tend to have lower self-esteem. These findings support the results of previous research which shows that experiences of discrimination can reduce a person's sense of self-esteem, especially in groups that are often stigmatized or socially stereotyped.

The results showed that negative social experiences, discrimination responses, and self-esteem were significantly interrelated in schizophrenia sufferers, providing important insight into the psychosocial dynamics they experience. The majority of respondents indicated levels of negative social experiences and responses to discrimination in the medium category, but a fairly large proportion in the high category shows that social stigma is still an urgent problem. Moderate self-esteem in the majority of respondents indicates a significant impact of these two social variables on individuals' perceptions of themselves. Negative social experiences showed a significant negative correlation with self-esteem ($r = -0.45$, $p < 0.01$). These findings support the theory that negative experiences, such as social rejection and isolation, contribute to lower self-perceptions (Gagiu et al., 2024; Swistak Zosia et al., 2024). In the context of people with schizophrenia, research by Fett et al. (2022) found that poor social interactions often worsen mental conditions, exacerbate disease symptoms, and reduce individual empowerment. This suggests that negative social experiences not only damage individuals' psychological aspects but also influence their clinical prognosis.

Discrimination responses also showed a significant negative relationship with self-esteem ($r = -0.38$, $p < 0.01$). The stigma and discrimination felt by people with schizophrenia often internalize social stigma into self-stigma, which then affects their self-esteem. As explained by [Platon \(2023\)](#), discrimination not only alienates individuals from their social environment but also undermines their self-confidence to re-engage in social activities. In this study, the proportion of respondents with high levels of discrimination (33.5%) highlights the need for more aggressive interventions to combat social stigma. Self-esteem as an important variable shows a distribution dominated by the medium category (44.0%), but with a significant proportion in the low category (26.4%). This suggests that although some individuals still have positive self-perceptions, many are vulnerable to the impact of negative social experiences and discrimination. As found by [Fulford & Holt \(2023\)](#), low self-esteem in people with schizophrenia is often related to social withdrawal and an inability to manage social stress. These findings emphasize the importance of psychological interventions aimed at improving self-esteem as part of holistic management.

This research provides important insight that negative social experiences and discrimination not only reflect external social challenges but also play a causal role in shaping the self-perception of people with schizophrenia. However, this study has several limitations that need to be noted. First, the cross-sectional approach used only allows to see the relationship between variables at one particular time, so it cannot identify cause-and-effect relationships with certainty. Second, data collected entirely based on subject reports (self-report) can be influenced by social bias or misperception. Third, although the sample is quite representative, this research was conducted in one location (RSJ Prof. HB Saanin Padang), so the results may not be fully generalizable to a wider population. Therefore, further research using longitudinal designs is needed to explore the dynamics of relationships between variables over time. In addition, the integration of qualitative methods can provide deeper insight into negative social experiences and discrimination from the sufferer's perspective. Using a more diverse and multi-site sample would also increase the generalizability of the findings. A multidimensional approach that includes public education to reduce stigma, psychological resilience training, and increasing access to social support needs to be a priority in evidence-based intervention strategies.

The findings of this study offer practical applications for designing intervention strategies to reduce social stigma and improve self-esteem among individuals with schizophrenia. Mental health service providers can use these insights to develop community-based rehabilitation programs that focus on enhancing self-acceptance and social skills. These programs may include individual counseling sessions, social skills training, and group activities that empower patients to regain confidence and reintegrate into society. Additionally, public education campaigns aimed at raising awareness about schizophrenia could be implemented to combat discrimination and promote understanding within the community.

Furthermore, these findings should be contextualized within the local setting of RSJ Prof. HB Saanin Padang and the broader cultural landscape of West Sumatra. Social stigma in this region may be shaped by traditional norms and cultural beliefs that perceive mental illness as a "family shame" or as a result of non-medical factors, such as spiritual disturbances. By recognizing these unique cultural dynamics, mental health interventions can be tailored to include culturally sensitive approaches, such as engaging community leaders or religious figures in mental health education efforts. Since the research was conducted in a single location, the findings may not fully reflect the experiences of individuals with schizophrenia in other regions or contexts. Future research could address this limitation by expanding the study to multiple sites, allowing for a comparative analysis of stigma and its impact on self-esteem across different sociocultural environments. Finally, social stigma and its effects are not uniform and can vary depending on individual factors such as age, gender, education level, and the duration of the illness. For example, younger individuals or women with schizophrenia may face different forms of stigma compared to older male patients. Recognizing these variations highlights the need for personalized approaches to stigma reduction and self-esteem enhancement, ensuring that interventions address the unique needs and circumstances of each patient.

Conclusion

This study highlights the significant relationship between negative social experiences, perceived discrimination, and self-esteem in individuals with schizophrenia. Negative social interactions and discrimination were found to critically undermine self-esteem, emphasizing the role of stigma in perpetuating psychological distress. The findings suggest that discrimination amplifies the impact of social alienation, creating a cycle that hinders recovery. The study contributes to the understanding of stigma-recovery mechanisms by illustrating how perceived discrimination mediates the relationship between negative social experiences and self-esteem. These insights enrich theoretical frameworks on self-stigma and recovery, providing a basis for targeted interventions. Practically, the results underscore the need for stigma-reduction programs, such as community education and therapeutic approaches like cognitive-behavioral therapy, to foster resilience and self-esteem. Employment initiatives tailored to individuals with schizophrenia are also critical, given the role of occupational status in shaping self-perception. However, the study's cross-sectional design limits causal interpretations, and self-reporting may introduce bias. Future research should adopt longitudinal approaches and include more diverse populations to strengthen the findings. In conclusion, this study advances our understanding of social determinants in schizophrenia and highlights the need for interventions addressing stigma and discrimination to improve psychological well-being and recovery outcomes.

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