THE EXPERIENCES OF STIGMA AND DISCRIMINATION AMONGST INDIVIDUALS WITH FORENSIC HISTORIES AND MENTAL HEALTH DIFFICULTIES LIVING IN THE COMMUNITY

By

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THESIS OVERVIEW

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctor of Forensic Clinical Psychology (ForenClinPsyD) at the University of Birmingham and comprises of two volumes.

Volume I consists of a systematic literature review, an empirical paper and press release. The literature review explores the portrayal of schizophrenia in the media. The empirical paper presents a qualitative study exploring the experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties who live in the community. The two press releases provide a brief and accessible summary of the systematic review and empirical paper.

Volume II consists of five forensic clinical practice reports (FCPRs). FCPR1 presents a cognitive and systemic formulation of a 37-year-old female forensic patient with anxiety. FCPR2 is a service evaluation exploring the accuracy and quality of clinical records in relation to risk within a secure hospital. FCPR3 reports a single-case experimental design used to evaluate the effectiveness of CBT with a 17-year-old male with anger management difficulties in a secure unit. FCPR4 reports a case study of a 24-year-old male forensic patient diagnosed with intellectual disabilities. FCPR5 presents the case of an adult male detained within a prison setting.

DEDICATION

This thesis is dedicated to my grandfather.

Thank you for always believing in me.

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Firstly, thank you to the seven individuals who kindly gave up their time to share their personal experiences with me which shaped the development of this research. I would also like to express my appreciation to the members of the psychology team who helped me to recruit the participants.

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LITERATURE REVIEW

HOW IS SCHIZOPHRENIA PORTRAYED IN THE MEDIA?

ABSTRACT

Introduction: Individuals with mental illnesses are often portrayed negatively in the mass media. Despite attempts to reduce the stigma around mental health, there currently appears to be a disproportionate media coverage associated with schizophrenia. The purpose of this paper was to review the existing research to investigate how schizophrenia is portrayed in the media and to explore whether there are more positive portrayals of schizophrenia in response to public efforts to reduce the stigma.

Method: A comprehensive and systematic search of three electronic databases was conducted using clear inclusion and exclusion criteria.

Results: A total of fourteen papers which reported frequency data when investigating how schizophrenia is portrayed in the mass media were reviewed. Five questions were developed with guidance from the Total Quality Framework (Roller & Lavrakas, 2015) in order to assess the quality of the papers. Overall, there was variability in the quality of the papers. A large proportion of the research indicated categories which were significant areas of concern.

Conclusion: The findings across the fourteen studies suggest that overall, schizophrenia is depicted negatively in the mass media. Despite the negative portrayals, findings suggest a decrease in the number of articles reinforcing negative stereotypes over time. Advances in research methods are required to better evaluate this field before these findings can be concluded with more confidence.

INTRODUCTION

Meaning of stigma

Stigma is understood as a complex construct referring to any distinguishing characteristic or attribute that elicits negative and rejecting attitudes towards an individual or group (Goffman, 1968; Link & Phelan, 2001). The existing literature has conceptualised stigma in various ways. Corrigan and Watson (2002) described stigma as having two main dimensions: public stigma and self-stigma. Public stigma comprises negative beliefs (stereotype), negative attitudes and agreement with the negative belief (prejudice), and behaviour response (discrimination) towards the stigmatised individual. Self-stigma is understood as the internalisation of these experiences by the stigmatised individual. Hagger and Riley (2017) described further aspects of stigma from the perspective of the person being devalued, including enacted stigma (individuals' experience of being stigmatised) and anticipated stigma (individuals' expectation they will be stigmatised).

Impacts of stigma

Discrimination is a major behavioural consequence of holding stigmatising attitudes towards others (Crocker et al., 1998). It is described as making an unjust distinction in the treatment of different groups of people due to perceiving them as belonging to a devalued category (Thornicroft, 2006). This may take forms such as avoidance, rejecting, withholding help and exclusion (Corrigan & Watson, 2002; Thornicroft, 2006).

It is widely acknowledged that individuals with psychiatric diagnoses are stigmatised and perceived negatively by the public (Angermeyer & Matschinger, 2003). Such attitudes can both prevent their needs being met and deprive them of opportunities (Corrigan & Watson, 2002; Klin & Lemish, 2008). For example, research has suggested that individuals with mental illness may be unreasonably rejected from employment or not apply for jobs due

to anticipating discrimination (e.g. expecting rejection; Rusch et al., 2005). Studies associated with stigma also identified cultural differences in mental health and help seeking. Memon et al. (2016) identified disparities in access to mental health services, particularly among black and minority ethnic communities. Research suggests these individuals are less likely to seek help (Thornicroft et al., 2008) and are disadvantaged in treatment options, including access to psychotherapy, resulting in reduced access to appropriate care (Das-Munshi et al., 2018; McGuire & Miranda, 2008).

Causes of stigma

Hood and Friedman (2011) divided possible causes of stigma into two sources; sociocultural norms and institutional sources. They suggested that beliefs and attitudes are shaped over time by prevailing sociocultural norms and institutions, such as the media and health services. Sociocultural norms are described as a set of rules or expectations of behaviour and thoughts based on shared beliefs within a specific social group or culture (National Academies of Sciences, Engineering, and Medicine; NASEM, 2018). Whilst often undiscussed, norms offer standards for acceptable and unacceptable behaviours within social interactions. These norms significantly influence behaviour and are perpetuated by the media and health services (Arias, 2018; Hood & Friedman, 2011).

What is it, therefore, about mental illness that leads to stigmatisation in terms of socio-cultural norms? One proposed cause of stigma is the general public perceiving individuals with mental illness as dangerous and violent. This leads such individuals to be feared, avoided, or excluded from society (Pescosolido et al., 1999; Varshney et al., 2015). Another proposed cause of stigma is mass media. The media framework is a key source of information through which individuals understand the world. The media not only reflects public attitudes and beliefs regarding illnesses, but also establishes images defining the consumers'

perceptions of these illnesses (Hood & Friedman, 2011). Viewers' attitudes may be shaped by different media outlets, including news coverage, portrayals within entertainment and public campaigns (Klin & Lemish, 2008), which in turn, appears to directly impact upon the public's perception of mental illness (Hood & Friedman, 2011; Sieff, 2003).

Studies examining media representations of mental illness suggest the portrayals are often stigmatising, stereotypical or inaccurate. This includes often over-emphasising negative characteristics like violence, aggression, and unpredictability (Diefenbach & West, 2007; Harper, 2008). Wahl and Lefkowits (1989) found more negative perceptions towards a violent character with mental illness compared to one without. Other studies suggest individuals who watch more television perceived individuals with mental illness, compared to those without, as inferior (Granello & Pauley, 2000). Such viewers also had a stronger desire to socially-distance from these individuals, particularly those with schizophrenia (Angermeyer et al., 2005). In contrast, Ross et al.'s (2019) systematic review found that reading positive reports on individuals with schizophrenia contributed to reduced stigma towards these individuals, whilst reading negative reports increased stigma (Corrigan et al., 2013; Ross et al., 2019). This suggests that the media does play an influence in stigma, both positively and negatively.

Frequency of stigma around mental health

Across Western and non-Western countries, stigma surrounding mental illness appears widely endorsed. Studies conducted in the United States (Parcesepe & Cabassa, 2013) and European nations (Borschmann et al., 2014) suggest the majority of the general public hold stigmatising attitudes regarding mental illness. Similarly, literature focusing on Asian countries (Ng, 1997; Lauber & Rossler, 2007) found consistently high levels of stigma with common patterns of stigmatising portrayals (e.g. dangerousness, violence). Additionally, it

has been suggested that stigmatising or stereotypical views about mental illness are held by trained professionals within mental health disciplines (Chaplin, R. 2000; Filipcic et al., 2003).

It is important to examine how stigma and mental health between countries vary to gain a better understanding of how public perceptions and attitudes may differ. Most literature suggests that stigma is a global occurrence (Krendl & Pescosolido, 2020). There are fewer studies however, examining stigma and mental health in non-Western countries or studies comparing two or more countries (Littlewood, 2004).

Studies exploring stigma of schizophrenia amongst non-Western countries found that there was a lack of understanding about schizophrenia (Furnham & Chan, 2004; Kurumatani et al., 2004), high levels of stigma experienced amongst relatives due to the presence of mental illness in the family (Shibre et al. 2001; Phillips et al., 2002) and a desire to conceal mental illness in the family (Shibre et al., 2001). Although the degree of social rejection towards individuals with schizophrenia was greater in Asian countries, the knowledge, negative beliefs, and attitudes were similar to those identified in Western countries (Furnham & Chan, 2004; Kurumatani et al., 2004).

Variance in stigma amongst mental health conditions

Research illustrates variation in public perceptions of different mental health diagnoses (Parle, 2012). Overall, there appears to be a perception that individuals with mental illnesses are unreliable, have reduced intelligence and are unable to make decisions (Angermeyer & Matschinger, 2005). Although depression and anxiety disorders are stigmatised against, psychotic illnesses such as schizophrenia appear to be most negatively viewed (Thornicroft, 2006). Individuals with schizophrenia are considered more dangerous, violent, unpredictable, and less likely to recover compared to other diagnoses (Angermeyer & Matschinger, 2003; Wood et al., 2014). A study assessing newspaper coverage of mental illnesses revealed articles

about schizophrenia were 6.4 times more likely to be stigmatising than articles about other illnesses (Hildersley et al., 2020). Furthermore, surveys in several countries found schizophrenia had more stigmatising views than other conditions such as bipolar disorder. These studies also revealed that these attitudes have remained consistently frequent or worsened over time (Angermeyer et al., 2017; Reavley & Jorm, 2012; Schomerus et al., 2012).

Similarly, individuals diagnosed with schizophrenia were more likely than other mental illnesses to experience overt discrimination, abuse (physical and verbal), and social exclusion (Dinos et al., 2004) due to perceived lack of adherence to social rules of interaction (Goffman, 1968; Penn et al., 1994) and unpredictable behaviour. In addition, the public were less willing to support individuals with schizophrenia compared to individuals with other diagnoses (Link et al., 1999; Angermeyer & Matschinger, 2003; Yang et al., 2013).

Efforts to address stigma about mental health

Various efforts have been made to educate the public and reduce the stigma around mental health, including launching public campaigns around the world. Countries involved in these education-based campaigns include New Zealand ('Like Minds, Like Mine, 1997), Scotland ('See Me', 2002), USA ('What a Difference a Friend Makes', 2006), England ('Time to Change', 2007), Canada ('Opening Minds', 2009), and Australia ('Beyond Blue', 2000).

There are, however, inconsistencies regarding the impact of these campaigns. Evans-Lacko et al.'s (2014) evaluation of England's 'Time to Change' campaign found a significant increase in positive attitudes towards those with mental health difficulties following the campaign's launch and the 'See Me' campaign was found to positively affect attitudes about psychiatric diagnoses (Dunion & Gordon, 2005). Other studies found however, there was a deterioration in public attitudes between 1994 and 2003 (Mehta et al., 2009). These

inconsistencies in the literature may be accounted for by slow changes in attitudes following media campaigns (Stuart, 2016). Mehta et al. (2009) also proposed a deterioration in attitudes due to the media debating changes in the Mental Health Act and focusing on the risks of violence at the time of the campaign evaluation.

Other efforts to reduce stigma have included changing the name of a mental illness. In 2002, Japan changed the name of schizophrenia for the purposes of stigma reduction. The name was changed from "Seishin-Bunretsu-Byo" ("mind-split disease") to "Togo-Shitcho-Sho" (translated to "integration disorder"; Sato, 2006). Japan's approach contributed to a reduced level of stigma and was subsequently adopted by other countries such as Hong Kong (Chiu et al., 2010) and Korea (Kim et al., 2012). Further efforts include the use of storytelling (Gray, 2009) and celebrity disclosures (Calhoun & Gold, 2020) of mental health difficulties in public campaigns. These methods have helped to increase the public's knowledge about the illness, to inspire others to seek help, promote normalisation of mental health and decrease stigma (Beck et al., 2013; Wong et al., 2017).

Mass media and the role in the stigma of schizophrenia

Mass media incorporates a diverse range of technologies that reaches a large audience by mass communication including broadcast, print and online media (Abroms & Maibach, 2008). As information communicated via mass media is considered to reach a larger audience, it is therefore likely to have more of an impact on public attitudes.

Despite the growing number of social media consumers, news (including online news) and television remains the most important source of information (Newman et al., 2020). Findings from this report also suggested that social media is perceived as the greatest source of misinformation (Newman et al., 2020). In addition, research has indicated that news accessed via social media limits individuals to information aligned with their existing views

(Pew Research Center, 2021). Although social media provides easy access and rapid dissemination of information, it enables the wide spread of 'fake news' -low quality news with intentionally inaccurate information (Shu et al., 2017). This can negatively impact upon individuals and society, perpetuate inaccurate beliefs about mental illness and persuade individuals to accept biased or false beliefs leading to confusion and stigma (Baun, 2009). Research has concluded that the public's most significant source of information regarding mental illness is the media (Coverdale et al., 2002). Existing literature discusses the high frequency of references to mental illness in the mass media (Cutcliffe & Hannigan, 2001) whereby individuals with mental illnesses are often portrayed as 'subhuman' or unworthy and separate from society (Baun, 2009).

Despite active efforts to reduce stigma around mental health, Hildersley et al. (2020) found the proportion of stigmatising articles about schizophrenia continues to increase. Maiorano et al.'s (2017) systematic review revealed little or no change in the schizophrenia coverage over time. This review examined the effect of interventions aimed at reducing stigmatising coverage on mental health and the stigma among media professionals. Anti-stigma campaigns carried out in New Zealand, UK, Ireland, Canada and USA were only found to be somewhat effective in improving tone and portrayal on mental health issues in general, however, not schizophrenia.

Previous research has focused on identifying the trends on the media's portrayal of mental illness. There has, however, not been a specific review exploring the media's portrayal of schizophrenia. A specific review is considered important given the disproportionate level of media coverage associated with schizophrenia (Hildersley et al., 2020). It is, therefore, essential to increase understanding of how these messages are disseminated to allow the stigma to be addressed.

Review Aims

This review focusses on papers that investigate how schizophrenia is portrayed in the media. It aims to systematically identify and describe literature regarding current portrayals of schizophrenia in the media. This review will also explore whether there are more positive portrayals of schizophrenia in response to recent public efforts to reduce the stigma of mental illnesses.

METHOD

Search strategy

A systematic search was conducted to review the current literature. PsycInfo, Medline and Embase were systematically searched in October 2020 and again in February 2021 to ensure no further relevant papers had been published.

Inclusion and exclusion criteria

Limitations were applied to all three databases to include only journal papers published in the English language and on humans. An additional limit was added for articles which were published in the last 20 years due to the launch of worldwide public campaigns against the stigma of mental health and public efforts to improve understanding of mental illnesses.

This review was interested in studies that provided descriptive data about the frequency of positive, negative, or neutral attitudes towards schizophrenia and its associated terms in a mass media outlet. The terms considered for ‘mass media’ outlet included media, television, motion pictures, news, film, movie, and communications media. These terms were based on those used in previous systematic reviews focusing on media coverage of mental illnesses (Ross et al., 2019; Stout et al., 2004). The terms considered for ‘mass media’ excluded social media (unless this was part of a study that also investigated mass media), literature, and the arts. This criterion was chosen in order to allow the literature to be synthesised fairly and without unnecessary confounding variables relating to the media portrayal.

Initially the author started with a broader range of method terms. Given the interest in papers which systemically collected and analysed frequency data of particular attitudes in a mass media outlet, content analysis was considered the most appropriate analysis method to

focus upon. Thus, content analysis was used as an inclusion criteria and search term. For an overview of all inclusion and exclusion criteria, refer to Table 1.

Table 1: Overview of inclusion and exclusion criteria for research papers.

Inclusion Criteria	Exclusion Criteria
Include the article if it meets the following criteria: • Provided descriptive data about the frequency of positive, negative or neutral attitudes towards schizophrenia in a mass media outlet (e.g. films, television, print media) • Reported frequency data of the term schizophrenia or its associated terms • Published after 2000 • Written in English language • Published in a journal or other peer-reviewed format • Human studies • Studies reporting original data • Content analysis as primary analysis method	Omit the article if it meets any of the following criteria: • Primary focus on general mental health • No data about how schizophrenia was portrayed in the media • Published in a book, theses or other formats that have not been peer-reviewed • Primary focus on social media • Published review or opinion pieces

Procedure

Search terms were chosen based on the aims of the review to focus the results. The terms for the databases were truncated to account for spelling variations, using the asterisk. Different versions of words were also used to allow for American English terms. Search terms were based on those used in previous systematic reviews in the areas relating to media portrayals and mental illness (Maiorano et al., 2017; Ross et al., 2019) and through key words

suggested in relevant papers. Specific search terms for schizophrenia were developed using a combination of key words and the Medical Subject Headings thesaurus. For a list of the search terms used, see Table 2.

Table 2: Terms used in systematic search of electronic databases PsycInfo, Medline and Embase for media portrayals of schizophrenia.

Media	**Schizophrenia**	**Portrayal**	**Analysis**
Media*	Schizophren*	Attitude*	Content Analysis*
OR	OR	OR	
Mass medi*	Psychotic	Depict*	
OR	OR	OR	
Television*	Psychosis	View*	
OR		OR	
Motion Picture*		Cover*	
OR		OR	
News*		Portray*	
OR		OR	
Film*		Perception*	
OR		OR	
Movie*		Perceive*	
OR			
Communications			
Media*			

Study Selection

Duplicates were removed from the results. Following this, titles of the remaining papers were screened and removed if papers did not meet the eligibility criteria according to their title. The same process was repeated when screening the abstracts of the remaining papers. The full text of the 20 remaining articles were reviewed and those which did not meet the eligibility criteria outlined in Table 1 were excluded. A manual review of the references of the remaining papers was also conducted to capture any additional literature which was not present in the selected databases. Articles which adhered to the inclusion and exclusion criteria (Table 1) were included into the final list of papers, totalling 14 papers for review. A flow chart outlining the process described is shown in Figure 1.

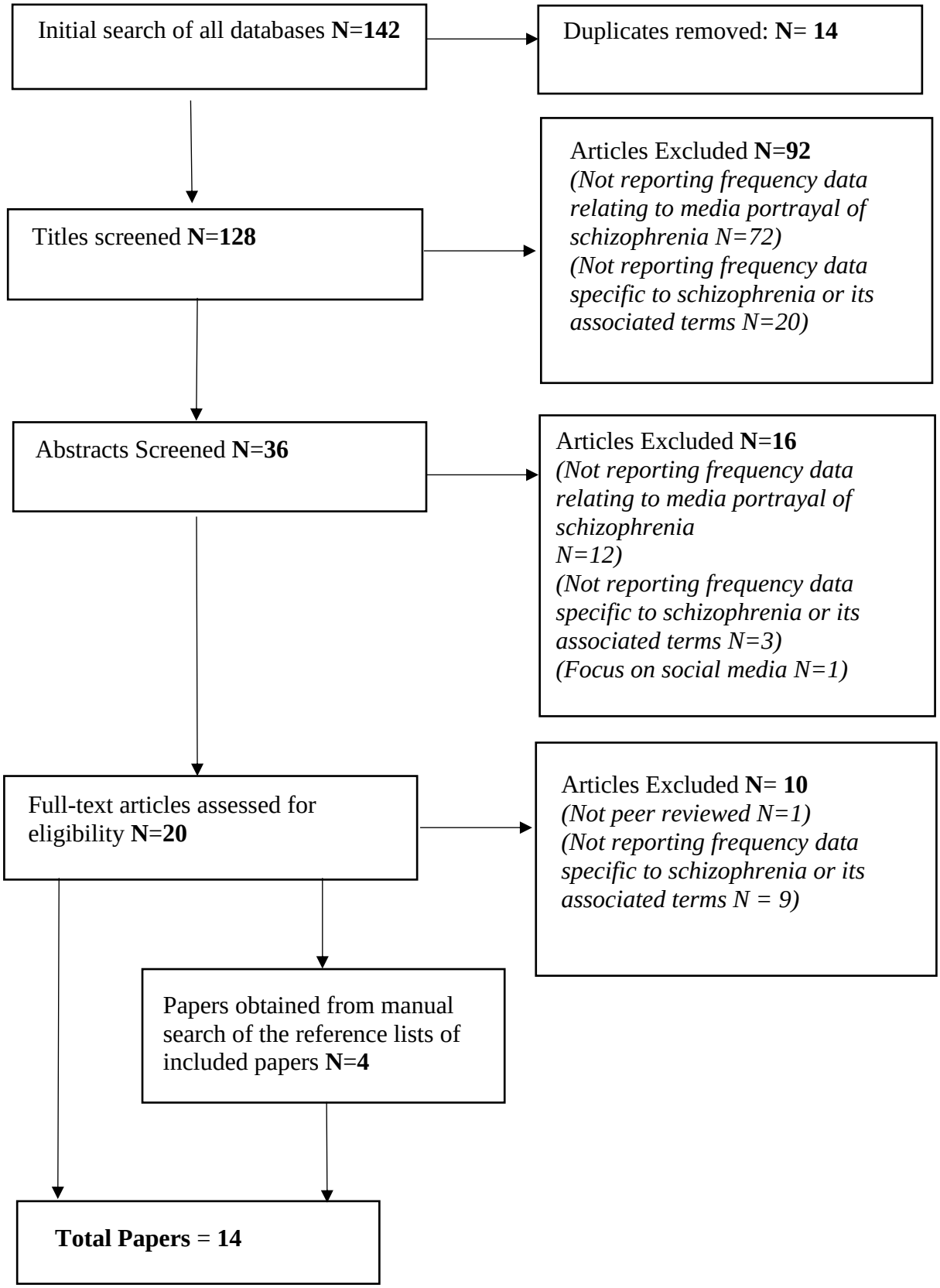

Figure 1: A flow chart summarising the systematic process of retrieving eligible articles for this review.

Quality assessment

Published quality control measures were considered when assessing the risk of confounding bias and evaluating the quality of the methods used in each paper. These measures, however, were aimed for the use of assessing intervention studies or the tool focused on a broad range of methodological aspects of the study. As none of the existing frameworks were considered as suitable for this body of literature, questions were devised by the author. Five questions were developed with guidance from the Total Quality Framework (TQF; Roller & Lavrakas, 2015). This framework was chosen as it emphasises the importance of credibility, analysability, transparency, and usefulness within research studies. With similar reasons to the existing frameworks (consideration of a broad range of methodological aspects), the TQF was deemed as not entirely appropriate to use. The use of these broad frameworks may distort the importance of quality criteria questions that may be more relevant to the studies which are being appraised (e.g. questions considering the reliability or validity of these studies).

The studies included in this review all used content analysis, the majority of which conducted additional statistical analysis on their data. For this reason, the five questions related to criteria regarding appropriate sample size, representative sample, classification method, description and appropriateness of analytic method, and inter-rater reliability (Appendix A). By asking these questions, common ideas of strengths and weaknesses of the papers and issues of bias within the research which may impact on the conclusions could be identified. In addition, useful comparison to other research articles used in this review could be made.

With the purpose of presenting a useful overview of the final papers, the author designed a colour-coded traffic light scoring system (Figure 2) to assign to the overall quality

strength of the evaluated articles. This decision was made in order to provide the reader with a straightforward comparison of the evaluated papers and to provide a more transparent summary. A category was marked as a 'strength' and highlighted 'green' when the criteria outlined in the question was adequately met. A category was marked as 'significant cause for concern' and highlighted 'red' when there was a lack of presence or a lack of clarity around the criteria outlined in the question. A criteria was also marked as lacking in presence when the authors' of the paper acknowledged an absence of a criteria and stated this as a limitation to their study. Additionally, a lack of clarity was determined by the authors' making no comments about the criteria. There was difficulty rating the criteria due to requiring contextual information to making these judgements (e.g. 'was the sample size appropriate?'). As it was the authors' responsibility to provide this information for clarity and context, the criteria was marked as 'unclear' if there was a lack of contextual information in order to make a judgement. A category was marked as 'N/A' and highlighted 'grey' when no additional statistical analyses were performed. The lower the overall strength of the paper, the more caution was exercised in considering the study's findings and implications. In Figure 3 a summary of these results is displayed.

Scoring Key	
Definition	**Colour Code**
Strength	
Significant cause for concern	
N/A	

Figure 2: Colour coding key for assessing the criteria for content analysis studies.

Paper	Sample size	Representative sample	Classification Method	Analytic methods	Reliable Coding
1. Aoki, A., Aoki, Y., Goulden, R., Kasai, K., Thornicroft, G., & Henderson, C. (2016)					
2. Athanasopoulou, C., & Valimaki, M. (2014)					
3. Bevilacqua Guarniero, F., Bellinghini, R. H., & Gattaz, W. F. (2017)					
4. Boke, O., Aker, S., Aker, A. A., Sarisoy, G., & Sahin, A. R. (2007).					
5. Clement, S., & Foster, N. (2008).					
6. Dubugras, M. T. B., Evans-Lacko, S., & Mari, J. de J. (2011).					
7. Gwarjanski, A. E., & Parrott, S. (2018).					
8. Knifton, L., & Quinn, N. (2008).					
9. Magliano, L., Read, J., & Marassi, R. (2011).					
10. Owen, P. R. (2012).					
11. Park, J.-H., Choi, Y.-M., Kim, B., Lee, D.-W., & Gim, M.-S. (2012)					
12. Pingani, L., Sampogna, G., Borghi, G., Nasi, A., Coriani, S., Luciano, M., Galeazzi, G. M., Evans-Lacko, S., & Fiorillo, A. (2018).					
13. Vahabzadeh, A., Wittenauer, J., & Carr, E. (2011).					
14. Yang, Y., & Parrott, S. (2018).					

Figure 3: Overall colour coded scores indicating quality strength.

Summary of quality assessment

The quality assessment indicates that most of the reviewed studies include a number of areas lacking in strength. Most concerning was the lack of appropriate sample size and lack of representative samples across all papers, which could suggest a high risk of bias across the literature. In addition, some authors have drawn conclusions about the impact of the media portrayal. Due to the study designs all being observational and not experimental, it is important to emphasise that these conclusions are based on the authors' opinions.

There is variability in the overall quality of the papers. Three papers received four 'red ratings' out of the five quality criteria; Clement and Foster (2008) and Knifton and Quinn (2008) described only the classification method clearly and Boke et al. (2007) only answered the analytical methods questions clearly. Both Bevilacqua Guarniero et al. (2017) and Dubugras et al. (2011) only received one 'green rating' out of four quality criteria as both papers did not include further statistical analysis. The remainder of the papers received two or more overall 'green ratings' with Gwarjanski and Parrott (2018) and Yang and Parrott (2018) both receiving three out of five 'green ratings'.

It is important to highlight that although the colour coded ratings were marked following the acknowledgement of limitations by the authors, the ratings are based on the author's subjective and professional judgement based on the information provided.

RESULTS

The aim of this review was to explore how schizophrenia is portrayed in the media. Firstly, characteristics of the studies are described to provide an overview. Next, a narrative synthesis describes the findings of the studies including similarities and differences between outcomes.

Descriptive summary of articles included for review

In total, fourteen articles were included for this review. The papers were all published in peer-reviewed journals with publication dates ranging from 2007 to 2018. Of the 14 articles, three studies were conducted in the USA, two in the UK, two in Brazil, two in Italy and the remainder in Japan, Greece, Turkey, South Korea and one study comparing online news coverage of schizophrenia in China and the USA.

The small number of papers highlights the lack of recent research in this field, particularly regarding research focusing on schizophrenia specifically. The majority of papers focused on newspaper articles (n=13) and one paper (Owen, 2012) focused on English-language commercial films that features at least one character with schizophrenia. One paper (Park et al., 2012) obtained their sample from newspapers and television news programmes. No other forms of mass media were identified within the final papers.

There were differences regarding the aims of the papers. The majority of the articles (n=10) aimed to investigate the meaning attributed to the term schizophrenia. Five papers aimed to identify the presence of stigmatising language, stereotypes, or misinformation. Five papers aimed to compare the changes in the reporting of schizophrenia between different time periods. Six articles explored the metaphoric use of the term schizophrenia and how the term was used. One paper (Gwarjanski & Parrott, 2018) examined the relationship between media framing (how articles were written and presented) and the reader commentary (the

accompanying dialogue posted by readers in which they offer opinions concerning the story and other reader's comments). Another paper (Yang & Parrott, 2019) aimed to investigate whether there was a cultural difference in the representation of schizophrenia.

All of the papers used descriptive statistics to present results, with most papers choosing additional statistical analysis, such as chi-squared tests to examine the significance of differences between two variables (e.g. differences in articles published in two different years).

Data Extraction

Data extraction was used based on guidance from the Cochrane Handbook of Systematic Reviews of Interventions (Higgins et al., 2019) with the aim of summarising key characteristics of each paper. Table 3 illustrates the study characteristics including preliminary aims, sample, data collection, analysis, and findings. For clarity, the key findings have been separated into the descriptive account of the data-based findings and the conclusions the authors' have drawn from these findings.

Table 3: Summary of pertinent data extracted from final papers.

Authors, year of publication, country	**Preliminary aims**	**Sample and data collection method**	**Method of analysis**	**Key findings and authors' conclusions about impact of media portrayal on schizophrenia**
Aoki, Aoki, Goulden, Kasai, Thornicroft, & Henderson (2016) Japan	Examined how newspaper articles associated schizophrenia and danger over a 20-year period: 10 years before and 10 years after renaming of schizophrenia, as compared with the control condition (bipolar disorder).	4677 articles in total identified from the electronic databases of three Japanese nationwide broadsheets. The previous name for schizophrenia, its abbreviated name and the new name for schizophrenia were searched. 525 articles identified on bipolar disorder. Both bipolar disorder and manic-depressive disorder were searched for (both terms used to describe bipolar disorder in Japan).	Content analysis - Based on a coding frame by Goulden et al. (2011). Cohen's Kappa - Performed for inter-rater reliability. Pearson's correlation coefficient- Performed between ratio of number of articles on schizophrenia and danger in a year to number of articles on bipolar and danger in a year. Fisher's r-to-z transformation- Performed to examine the difference in correlations between the two time periods. Chi-squared test- Performed to examine the difference in the proportion of articles on danger and schizophrenia and the proportion of	**Data-based conclusions:** 50% newspaper articles associated with schizophrenia were categorised as negative. 39% newspaper articles on schizophrenia categorised as danger. 25% articles associated with bipolar categorised as negative. 11% newspaper articles on bipolar categorised as danger. Pearson's correlation coefficient demonstrated a non-significant increase in the ratio of the number of articles on schizophrenia and danger compared with bipolar disorder over time before renaming of schizophrenia. Pearson's correlation coefficient demonstrated a significant decrease over time in the ratio of the number of articles on schizophrenia and danger compared with bipolar disorder after renaming of schizophrenia. Chi-square test demonstrated a significant difference in the proportion of articles on

			articles on danger and bipolar.	danger and schizophrenia and the proportion of articles on danger and bipolar (39% vs 11%) during the study period. Authors report that a Fisher's r-to-z transformation demonstrated a significant change of trend in ratio of articles on danger before and after renaming. **Authors' opinions:** Prior to re-naming, the public were prejudice against individuals with schizophrenia, perceiving them as dangerous. Previous term for schizophrenia was associated with criminality. Following the renaming, the term is less associated with dangerousness and criminality.
Athanasopoulou, & Valimaki (2014) Greece	Examined how the term 'schizophrenia' is used in Greek newspaper websites and to report on the metaphoric use of the term	140 articles in total identified from the electronic database of three most popular Greek newspaper websites. The term 'schizophrenia' was searched in Greek via the respective intra-site	Content analysis- Based on a coding tool developed by Magliano et al. (2011). Descriptive statistics - Described the individual characteristics of each variable (frequencies, percentages).	**Data-based conclusions:** 28% of articles containing the term 'schizophrenia' were published in news articles. 34% of articles used 'schizophrenia' as a metaphor. 'Schizophrenia' was more frequently used as a metaphor in the culture/ entertainment/ sports section (12%) than

	amongst these articles.	search boxes. First 50 results of each search were collected and assessed for eligibility.	Cross tabulation and Fisher's Exact tests - Performed to examine the difference in the use of 'schizophrenia' (metaphoric vs non-metaphoric).	other sections (e.g. politics, news, economy/ finance, science/ health, other). 90% of articles which used 'schizophrenia' metaphorically, related predominately to mean incoherence/ contradiction/ split. Fisher's Exact test demonstrated a significant difference in the use of the term 'schizophrenia' (metaphoric vs non-metaphoric) in relation to section and reference. An article would most likely present 'schizophrenia' as a metaphor in the politics section, with reference to an abstract concept. Articles in the science/ health section with reference to the illness were most likely to refer to 'schizophrenia' as a non-metaphor. **Authors' opinions:** Greek journalists are not aware of the effects that the metaphoric use of 'schizophrenia' may have on the reader's perception of mental illness. 90% of metaphoric use of the term 'schizophrenia' indicated incoherence/ contradiction/ split, which is a common misconception about the illness among Greek people.

				There is potential to use media to improve the general public's stigmatising beliefs about schizophrenia.
Bevilacqua Guarniero, Bellinghini, & Gattaz (2017) Brazil	Evaluation of the presence of structural stigma in the Brazilian media (printed news and new website) in two periods: 2008 and 2011.	229 news articles identified. News articles published in 2008 in one national newspaper were searched for using the term 'schizophrenia'. News, editorials, and articles containing the word 'schizophrenia' and/or 'schizophrenic' were searched for on the main Brazilian print media website over a randomly assigned 12-month period in 2011.	Content analysis- Based on categories identified in tools developed by Corrigan et al. (2005) and Wahl et al. (2002). Authors included further sub-categories.	**Data-based conclusions:** 39% of articles containing the term 'schizophrenia' were classified under 'science and health'. 27% of articles containing the term 'schizophrenia' related to 'crime and violence'. 34% of articles used 'schizophrenia' as a metaphor. 100% of articles which used 'schizophrenia' as a metaphor had a negative meaning. **Authors' opinions:** The authors concluded that most of the texts do not represent the voices of individuals with schizophrenia. Schizophrenia is trivialised and used out of context to describe contradictory or dubious behaviour. Stigma is reinforced by emphasising the diagnosis in the context of sporadic violent cases.

Boke, Aker, Aker, Sarisoy, & Sahin (2007) Turkey	Explored the meaning attributed to the word 'schizophrenia' in Turkish written printed media.	878 articles identified across the online sites of 12 national newspapers. 'Schizophrenia', 'schizophrene', and 'schizophrenic' were scanned in all pages of all 12 newspapers.	Content analysis – A form was prepared to categorise texts into news reports and articles. Further categories included use of the term 'schizophrenia' with reference to the illness or metaphoric use. The illness category was sub-divided into negative or positive. Newspapers categorised into three groups according to historical standpoints (leftist, mainstream, Islamist). Chi-squared test - Performed to determine the significance of differences.	**Data-based conclusions:** In 56% of the articles, the searched terms referred to the illness. 28% of articles with reference to the illness reflected a negative theme. 44% of articles used 'schizophrenia' as a metaphor. Searched terms appeared in published articles once every 2.2 days. A positive reference to schizophrenia appeared once every 12.2 days. A negative reference to schizophrenia appeared once every 3.1 days. Chi-squared test demonstrated a significant difference between sub-grouped newspapers according to the use of the terms relating to schizophrenia. There were significantly more news reports and reference to the illness in mainstream newspapers than in the leftist or Islamist newspapers. **Authors' opinions:** Misuse of the word schizophrenia is high and should not be underestimated.

				Metaphoric use is almost as common as the term being used in reference to the illness. The metaphoric use of the term 'schizophrenia' can be attributed to the strong negative perception associated with the term.
Clement & Foster (2008). UK	Assessed change in the quality of reporting of schizophrenia in UK national daily newspapers, comparing 1996 with 2005.	1196 articles identified from electronic search of five national UK newspapers. Articles published in 1996 and 2005 searched for using the term "schizo*".	Content Analysis - Articles rated against indicators of poor-quality reporting on mental health (National Union of Journalists, 2004). Chi-squared test- Performed to explore the difference between articles published in tabloids and broadsheets. Logistic regression - Performed for three indicators to examine the impact of year of publication after controlling for confounding variables (type of publication, whether violence was referenced in the article).	**Data-based conclusions:** 23% of the articles published in 1996 and 2005 used the term 'schizophrenia' in a metaphoric sense. 14% of articles referring to individuals with schizophrenia used one or more stigmatising descriptors. In 48% of the articles, the stigmatising descriptor appears in the headline. Chi-squared tests showed significant reductions in metaphoric use and equating descriptors between 1996 and 2005, but no reduction in stigmatising terms or other indicators of poor-quality reporting. When confounding variables were controlled in the logistic regression, there was no impact of year on the use of equating descriptors. Results of the logistic regression for metaphoric use and

			The three indicators were: - metaphoric use of schizophrenia terms - use of stigmatising descriptors - use of equating descriptors e.g., 'a schizophrenic' or 'schizophrenic followed by a person's name'	stigmatising descriptors were not reported. Chi-squared test demonstrated a significant difference between tabloids and broadsheets in 1996 in the metaphoric usage of the term 'schizophrenia'. No significant difference was found between tabloids and broadsheets in 2005 regarding the metaphoric use of the term. Chi-squared test also indicated stigmatising descriptors were significantly more common in tabloid than broadsheet articles (35% vs 5%) and significantly more common in articles reporting violence (28% vs 4%). Chi-squared test demonstrated equating factors (e.g. 'a schizophrenic') were used as frequently in tabloids as in broadsheets (67% vs 64%). However, equating factors were significantly more common in articles about violence in tabloids (75% vs 57%) **Authors' opinions:** Little evidence that the quality of

				reporting of schizophrenia has changed over time. Metaphoric usage of the term schizophrenia may contribute to misconceptions that it is primarily a condition involving a "split" or multiple personality. There continues to be a significant amount of negative reporting on schizophrenia. This may have an adverse impact both directly and indirectly on individuals with schizophrenia.
Dubugras, Evans-Lacko, & Mari (2011) Brazil	Analysed the information about schizophrenia published by the largest national Brazilian newspaper over a two-year period (2007 and 2008).	75 articles identified from the electronic search of one national Brazilian newspaper. News articles published between January 1, 2007, and December 31, 2008, were searched for using terms 'schizophrenia', 'schizophrenic(s)', 'psychotic episode, psychosis' and 'psychotic(s)'.	Content analysis – Articles were divided into two groups; schizophrenia as the main theme of the article and articles about other issues in which the illness was a secondary theme. Primary content categories defined according to the medical aspect focused upon (e.g. diagnosis, symptoms, treatment, personal experience of schizophrenia). Secondary	**Data-based conclusions:** The categories with the highest number of published articles referring to schizophrenia were mental disorders and violence, treatment, and aetiology. Schizophrenia was the focal story for 57% of articles. 28% of articles which focused on schizophrenia or psychosis were categorised under 'mental disorders and violence'. 23% of articles were categorised under treatment.

			content categories were developed according to the event reported (e.g. committing an act of violence, healthcare reorganisation). Articles were also categorised according to health communication attributes (e.g. accuracy, balance, reliability, understandability; US Department of Health and Human Services, 2000) and indicators of inappropriate coverage (following indicators as defined by Clement & Foster, 2008; National Union of Journalists. 2004).	57% of articles included inadequate terms when referring to an individual with schizophrenia (e.g. 'madman', 'schizophrenic'). **Authors' opinions:** The authors concluded that the identified articles published inappropriate language and stigmatising messages. The articles did not discuss the complexity of the disorder. Dangerousness was a common theme amongst the articles, which may invalidate positive messages about social inclusion of individuals with schizophrenia.
Gwarjanski & Parrott (2018). USA	Examined the portrayal of schizophrenia in online news publications in the USA. Examined the relationship	558 articles identified from electronic search of eight news publications (four legacy news websites and four digital native websites).	Content analysis- Articles rated depending on a 'stigmatising frame', 'stigma-challenging frame' (predominantly positive approach), or neutral. Articles were also rated depending on a presence of	**Data-based conclusions:** 41% of news articles referring to schizophrenia employed a stigmatising frame. 22% of news articles referring to schizophrenia employed a stigma-challenging frame.

	between media framing and reader commentary. Media framing has been described as the way that a given article is written and presented in order to encourage the reader to interpret and think about the matter in a specific manner (e.g. the content of news stories about schizophrenia). Reader commentary has been described as the accompanying dialogue posted by readers in which they offer	Articles searched for using the term "schizophrenia" published between 1 January 2015 and December 31, 2015.	stereotypes associating schizophrenia with violence, and interviews with people who experienced mental illnesses. The presence and absence of 'challenge statements' (reader comments that contest the stigma attached to mental illness) and 'stigmatising statements' were also rated. Krippendorf's Alpha – Used to determine inter-rater reliability. Chi-squared test – Performed to examine the association between media framing and reader commentary.	37% of news articles referring to schizophrenia employed a neutral frame. Chi-squared test found a significant association between a 'stigma-challenging frame' and the use of challenge statements. Chi-squared test found that stigmatising frames were accompanied by a significantly greater proportion of stigmatising comments from readers when compared to stigma-challenging frames. Chi-squared test indicated stigma-challenging frames stood a significantly greater chance of being accompanied by stigma-challenging comments from readers. **Authors' opinions:** Authors suggest that the news media often stigmatise schizophrenia advancing inaccurate associations between the illness and violent behaviour. This is problematic due to many people using news media as a main source of learning about mental health.

	opinions concerning the story and other reader's comments.			Media stereotypes are powerful when people lack the knowledge to contradict inaccurate information. Authors also suggest that when readers encounter a particular news frame (e.g., stigmatising, stigma-challenging) the frame is often reinforced by similar audience commentary.
Knifton & Quinn (2008) UK	Identified stigmatising categories from media articles. Developed a frame of reference in order to assess the changes in reporting schizophrenia in two Scottish national broadsheets over a five-year period (2001 to 2005).	319 articles identified from electronic search of two national Scottish newspapers. 31 of the 319 articles identified via systematic sampling (every 10th article selected) to develop a frame of reference. Articles published between 2001 and 2005 searched for using the terms 'schizophrenia', 'schizophrenic', 'schiz*.	Qualitative content analysis- A frame of reference developed by the authors was applied to the articles. Each article was analysed for every content category in the frame of reference with positive and negative dimensions (recovery, blame, dangerousness, capability, contribution, discrimination, self-harm, valued by society). Descriptive statistics (frequencies, percentages). Chi-squared test - Performed to explore the difference between articles	**Data-based conclusions:** Chi-squared test indicated no significant difference in the rate of misuse of the term 'schizophrenia' between the two newspapers. Chi-squared test found no significant difference in patters of reporting between the two newspapers for rates of positive or negative depictions. Across the two newspapers: 'Dangerous' was the most common negative theme (26%). 'Pity' (23%) was depicted almost as often. Authors state that the proportion of articles depicting dangerousness has significantly decreased from 35% in 2001

			published in the two newspapers.	to 19% in 2005. Authors report this to be a borderline statistical significance, however, the statistical test to calculate this is unknown. The total number of negative depictions (316) outweighed the number of positive depictions (111). **Authors' opinions:** Authors concluded that over the five-year period, there was an overall decrease in the number of negative depictions, including within the 'dangerous' category. Although the most common negative category was identified as dangerousness, authors found this theme appeared in only 26% of reported. Authors describe this as a decrease over the five-year period. The authors discuss that their results can suggest that the national media campaigns can succeed in breaking the perceived link between schizophrenia. Campaigns should give more emphasis to the range of subtle, negative reporting as this may lead to negative interpretations by the reader (e.g. dangerousness).

Magliano, Read, & Marassi (2011) Italy	Examined how the term 'schizophrenia' is used in Italian print newspapers.	1087 articles identified from electronic search of 22 Italian newspapers. Online websites of Italian newspapers searched for all articles published between January 1, 2008 and December 31, 2008 using the terms 'schizophrenia' (singular and plural form) and 'schizophrenic' (singular and plural, masculine and feminine).	Content analysis- Developed by the authors. Articles were classified into categories including the use of the term 'schizophrenia', the section which the term appeared in, the reference, the grammar form. Metaphoric use was classified further into three categories (e.g. contradiction/split, dangerousness, oddness). Cohen's Kappa Coefficient- Used to determine inter-rater reliability. Chi-squared test- Performed to explore the differences in the use of the term 'schizophrenia' (metaphoric vs non-metaphoric), the grammar form, the reference and the section. Logistic regression analysis- Performed on variables found to be significantly associated with the term	**Data-based conclusions:** 74% of articles used the term 'schizophrenia' as a metaphor. 85% of articles which used 'schizophrenia' metaphorically, used the term to describe an incoherence/ contradiction/ split. 56% articles relating to individuals diagnosed with schizophrenia appeared in the news section. 49% of these articles referred to homicides, 28% referred to assaults directed at the person and 15% referred to other assaults by the person. Chi-squared test found that different newspapers did not significantly differ in the ratio of metaphoric vs non-metaphoric use of the term 'schizophrenia'. Chi-squared test indicated that 'schizophrenia' was used as a metaphor (as opposed to non-metaphor) significantly more often in political and financial articles and in culture/ entertainment/ sport sections. However, in the logistic regression, only political articles were significantly associated with greater metaphoric use.

			‘schizophrenia’ to explore their simultaneous effect on the probability of metaphoric vs non-metaphoric use of the term.	Further chi-squared tests revealed a reference to schizophrenia as eccentricity/ oddness appeared significantly more in political articles than culture/ entertainment/ sport. **Authors’ opinions:** Authors conclude that the media disproportionately report negative stories about people diagnosed with schizophrenia. Negative metaphoric use of the term ‘schizophrenia’ may reinforce the stereotype of individuals with schizophrenia as dangerous. Among individuals with schizophrenia, these negative images may be perceived as greatly distressing, and may increase self-stigma. This may interfere with individuals’ social participation and recovery process. High metaphoric usage of the term ‘schizophrenia’ may be related to the large use of the term ‘madness’ in mass communication.

				Using the term metaphorically may be a contributor to stigma and prejudice experienced by individuals with schizophrenia. The metaphoric use of the term may also contribute to misconceptions of schizophrenia.
Owen (2012) USA	Analysed portrayals of schizophrenia in contemporary films to determine prevalence of stereotypes and misinformation about schizophrenia.	42 characters from 41 films were identified from electronic databases and print movie databases. Electronic and print databases searched for films using the terms 'schizophrenia', 'mental illness' or 'mental problems', 'psychiatric illness' or 'psychiatric problems', 'psychological illness' or 'psychological problems', 'psychosis', 'insanity', 'crazy', 'hallucinations' and 'delusions' or 'delusional'. Inclusion criteria included English-language commercial films that featured at least one character with	Content analysis - Based on a coding checklist devised by the author. Variables were categorised into demographic characteristics, symptoms and stereotypes, causation, and treatment. Each movie character meeting selection criteria for schizophrenia was coded on each variable. Cohen's Kappa Coefficient- Used to determine inter-rater reliability.	**Data-based conclusions:** 79% of characters with schizophrenia were male. 95% of characters with schizophrenia were Caucasian. Majority of characters with schizophrenia displayed positive symptoms (67% delusions, 62% auditory hallucinations, 52% visual hallucinations). 83% of characters with schizophrenia displayed dangerous or violent behaviours towards others. 31% of these violent individuals engaged in homicidal behaviour. 71% of characters with schizophrenia engaged in unpredictable behaviour. 74% of movies did not identify any causal factors associated with schizophrenia. **Authors' opinions:** Inaccurate and negative portrayals may lead to misinterpretation of media information about schizophrenia by the

		schizophrenia and that were released for theatrical showing between 1990 and 2010.		viewers. These misinterpretations inform attitudes and beliefs amongst both individuals with schizophrenia and the general public. The cinematic association of schizophrenia with violent, unpredictable, and impulsive behaviour potentially fuels an "us versus them" mentality. Therefore, this may convey the message that people with schizophrenia are different and should be feared and avoided. There is a need to provide accurate information about mental illness to counter the negative messages found in mass media.
Park, Choi, Kim, Lee, & Gim (2012). South Korea	Explored the meaning attributed to the Korean term 'schizophrenia' and 'schizophrenic' in South Korean newspapers and news	490 articles and 257 news segments identified from the electronic search of three national newspapers and three nationwide television news programmes. Newspaper articles and TV news broadcasts published or broadcasted between January 1, 2001 and	Content analysis- Based on a framework used by Kim et al. (2000) and Williams and Taylor (1995). Articles were classified as written by journalists or non-journalists and the topics of the articles and news segments were classified into subgroups. Further categories included whether the term for	**Data-based conclusions:** 90% of newspaper articles using the term 'schizophrenia' were written by journalists. 10% of newspaper articles using the term 'schizophrenia' were written by non-journalists. 47% of articles or news segments adopted a negative viewpoint of schizophrenia. 30% of articles or news adopted a neutral or positive viewpoint of schizophrenia.

	programmes in the last 10 years.	December 31, 2010 searched for the term 'schizophrenic' ('jungshinbunyeol'). This term is found in the word meaning 'schizophrenia' ('jungshinbunyeolbyung').	schizophrenia had been used 'negatively', 'neutrally or positively', 'incidentally' or 'metaphorically'. Descriptive Statistics – Frequency and percentage of each item in each category calculated. Chi-squared test – Performed to explore the differences in proportions.	Majority of negative viewpoints focused on violence or the dangers posed by patients with a diagnosis of schizophrenia (38%). 65% of metaphoric use of the term 'schizophrenia' focussed on the idea of splitting. Chi-squared test found that the use of the term differed between newspaper and TV news segments. These tests found TV news segments broadcasted significantly more negative viewpoints of schizophrenia than published newspaper articles (64% vs 38%). Further chi-squared tests revealed a significantly greater number of neutral or positive viewpoints of schizophrenia were published in newspapers than broadcasted in TV news segments (34% vs 22%). Chi-squared test indicated that there was no significant difference in the negative or positive ratios of the use of the term schizophrenia in newspapers. **Authors' opinions:** South Korean news media do not provide balanced information about schizophrenia to the public.

				Inappropriate terminology and misuse of the term 'schizophrenia' in the media makes it difficult to convey its proper meaning.
Pingani, Sampogna, Borghi, Nasi, Coriani, Luciano, Galeazzi, Evans-Lacko, & Fiorillo (2018). Italy	Examined the number of newspaper articles including the word 'schizo' between 2001 and 2015 in one Italian newspaper. Identified possible predictors for reinforcing negative stereotypes about individuals with schizophrenia.	946 articles identified from electronic search of one Italian national newspaper. Electronic news database of articles published between January 1, 2001, and December 31, 2015 searched for the term 'schizo'.	Content analysis- Based on Carpiniello et al. (2007) methodology, number of words of the title and text of each article were counted and articles were grouped into two categories (articles 'related to mental health' or articles 'not related to mental health'). Each article was assessed through the use of a 9-item validated questionnaire. This consisted of questions to assess the identification of stigmatising attitudes in newspaper articles (e.g. 'Is the headline inaccurate or inconsistent with the focus of the article?', 'Does the article reinforce negative stereotypes about mental illness?'). Each question had a binary answer (yes/no;	**Data-based conclusions:** Schizophrenia-related terms are most common amongst articles not related to mental health. 38% of articles using schizophrenia related terms were included in the 'related to mental health' category. T-test found no significant difference between the number of words used between the 'related to mental health' group and 'not related to mental health' group. An ANOVA revealed that over time, there was a significant reduction of articles reinforcing negative stereotypes in the 'related to mental health' group. **Authors' opinions:** The word 'schizo' was found to reinforce negative stereotypes regarding mental illness. This term was most common amongst articles not related to mental health. Authors suggest that this term is

			Department of Health and Aged Care, 1999). Cohen's kappa coefficient alongside Fleiss' guidelines- Assessed reliability of agreement between coders. T-test- Used to test differences between the number of words used between the two grouped categories. ANOVA- Used to calculate the variation of distribution over time for articles 'related to mental health'.	mostly used as a metaphor than a clinical term. Negative media coverage can contribute to discrimination, stigmatisation and marginalisation of people with mental disorders. Sensational article titles encourage reading but provide negative interpretation that may strengthen stereotypes. Low levels of schizophrenia and mental illness literacy amongst journalists impact the schizophrenia and mental illness literacy of the general population.
Vahabzadeh, Wittenauer, & Carr (2011). USA	Examined the use of stigmatising language relating to schizophrenia in five American newspaper in two five-month periods in 2000 and 2010.	398 articles identified from the search of electronic databases of five daily American newspapers. Articles published between January 1 to June 1, 2000 and January 1 to June 1, 2010 searched for the	Content analysis- Based on the coding framework by Chopra and Doody (2007) and Duckworth et al. (2003). Categories included 'education', 'incidental reference', 'medical and pharmaceutical news', 'metaphorical use', 'obituary', 'charity',	**Data-based conclusions:** The largest number of articles (31%) relating to schizophrenia were categorised as 'human interest'. Chi-squared test found no significant increase between 2000 and 2010 in the proportion of 'human interest' articles.

		terms ‘schizophrenia’ and ‘schizophrenic’.	‘medically inappropriate’, and ‘human interest’. Human interest was categorised further into six categories (e.g. crime committed by person, crime committed against person). Emotive or stigmatising language was noted for all articles that were reviewed. Chi-squared test- Performed to explore differences in articles published in 2000 and 2010.	60% of the ‘human interest’ articles focused on crimes committed by individuals with schizophrenia. 45% of the ‘human interest’ articles focused on murders committed by individuals with schizophrenia. Chi-squared test found a significant decrease of articles focusing on crimes committed by a person with schizophrenia between 2000 and 2010. Chi-squared test also found a significant decrease of articles focusing on murders committed by individuals with schizophrenia between 2000 and 2010. **Authors’ opinions:** The metaphoric use of the word ‘schizophrenia’ has been increasingly recognised as part of the western language. When used as a negative metaphor, ‘schizophrenia’ can be detrimental to the public’s perception and understanding of schizophrenia. Authors suggest that the mass media are a major source of structural stigma faced by

				individuals with mental illness including schizophrenia. Authors suggest that these individuals may often internalise the negative perceptions and anticipate being rejected by society. Authors discuss that this may lead to developing coping strategies such as social isolation and reluctance to admit their symptoms or illness.
Yang & Parrott (2018) China/USA	Compared online news coverage of schizophrenia in China and the USA in 2015. Investigated whether the representation of schizophrenia is culture-related and how the coverage of schizophrenia could reflect cultural values and social ideologies.	298 articles identified from the search of four American online news websites and four Chinese online news websites. Articles published in 2015 were searched for using the term 'schizophrenia' or 'schizophrenic'.	Content analysis - Based on framework by previous researchers (Angermeyer & Matschinger, 2003; Kim & Willis, 2007; Smith, 2007; Yang et al., 2016; Zhang et al., 2015). Articles coded for demographic information, cause attribution, problem-solving responsibility attribution, news framing, source framing, stigma/ challenge cues (e.g. messages or portrayals including optimism, hope, social inclusion).	**Data-based conclusions:** 63% of articles relating to schizophrenia were retrieved from Chinese online news websites in comparison to 37% from US online news platforms. Chi-squared test indicated no significant differences in the levels of cause attribution between Chinese and US online news. In terms of responsibility attribution, Chi-squared test indicated a significant difference between Chinese news articles and US news article. Societal responsibility for schizophrenia was addressed to a greater extent in Chinese news coverage than in US media.

			Cohen's kappa coefficient- Used to assess inter-rater reliability. Chi-squared test- Performed to explore differences in American and Chinese online news coverage.	Chi-squared test revealed that Chinese online news articles were significantly less likely than US online news articles to cite expert sources. Expert sources were found in 56% of US articles and 23% of Chinese articles. Chinese online news media included significantly more stigma cues (83%) than the USA (66%) as revealed by Chi-squared test. **Authors' opinions:** Although there was a high percentage of stigmatising articles for both countries, authors concluded that stigmatisation of schizophrenia is more severe in Chinese than US online news coverage. Discrimination and marginalisation of individuals with schizophrenia could be heightened leading to greater social and economic costs on both individual and societal levels. More factual coverage is required in the coverage of schizophrenia in both cultures.

NARRATIVE SYNTHESIS

The pertinent features of the fourteen studies were summarised in order to provide context regarding the generalisability of the research.

What mass media were sampled?

Three studies were conducted in the USA, two in the UK, two in Brazil, two in Italy and the remainder in Japan, Greece, Turkey, South Korea and one study comparing online news coverage of schizophrenia in China and the USA (refer to Table 3 for details).

All fourteen articles used a retrospective observational study design, whereby previously published media were selected and analysed. The total sample number was 11,291 news articles, 257 television news segments and 42 characters with schizophrenia from 41 films. Twelve focused on newspaper output (printed and online), one study focused on newspaper articles and television news programmes (Park et al., 2012) and one study focused on English-language commercial films featuring at least one character with schizophrenia (Owen, 2012). All study samples were collected via purposive sampling through electronic databases. One study collected their data from both electronic and print databases (Owen, 2012) and one paper stated that their sample source was selected due to accessibility reasons (i.e. free access to historical archives of articles; Pingani et al., 2018). Selecting samples through this method may have led to selection bias, with mass media published in other sources potentially being missed.

Six papers extracted their data from national newspapers (Aoki et al., 2016; Bevilacqua Guarniero et al., 2017; Boke et al., 2007; Dubugras et al., 2011; Clement & Foster, 2008; Knifton & Quinn, 2008), with one paper identifying their sample through one newspaper offering “global coverage” during the research period (Pingani et al., 2018). Park et al. (2012) extracted their data from national newspapers as well as nationwide television

news programmes. Owen (2012) identified the sample from English-commercial films that were released for theatrical showing during a specific time period. Four papers gave inadequate information to enable a judgement to be made about how representative the sample was. One paper identified their sample through "popular" newspaper sites (Athanasopoulou & Valimaki, 2014), two papers identified their sample via "most read" or "most visited" publications at the time of the research (Gwarjanski & Parrott, 2018; Yang & Parrott, 2018) and Vahabzadeh et al. (2011) identified their sample from "high circulation" publications. However, none of these papers provided further information regarding these publications. Magliano et al. (2011) was the only paper that did not provide any information other than the country of publication (Italy) from which the sample was selected from.

How was the data classified and what was the reliability of the classification?

All but out one study (Boke et al., 2007) described their classification method clearly. Seven papers coded their data based on frameworks or categories identified by previous researchers in the field (Aoki et al., 2016; Athanasopoulou & Valimaki, 2014; Clement & Foster, 2008; Park et al., 2012; Pingani et al., 2018; Vahabzadeh et al., 2011; Yang & Parrott, 2018). Park et al. (2012) highlighted that although tools from previous studies were relied upon, the criteria of the categories of these tools were discussed amongst the researchers. One of the seven papers (Athanasopoulou & Valimaki, 2014) utilised the coding tool developed by Magliano et al. (2011) for their own study. Two papers used both existing frameworks and developed tools in order to code their data in line with the aims of their studies. Bevilacqua Guarniero et al. (2017) based their coding on existing tools and developed these further to include sub-categories for classification (e.g. dividing the 'metaphor' classification further into positive or negative sub-groups). Similarly, Dubugras et al. (2011) developed their own classification tool and also categorised their data based on existing frameworks. Four articles

developed their own coding tools to categorise their data. Of these articles, Knifton and Quinn (2008) was the only paper to describe the process of how the categories were created and chosen. This paper alongside Gwarjanski and Parrott (2018) both developed categories based on positive or stigmatising portrayals. Magliano et al. (2011) developed their categories to focus on the section where the term 'schizophrenia' appeared in (e.g. news, health, politics) and whether the term had been used metaphorically. Owen (2012) developed categories into demographic characteristics, symptoms and stereotypes, causation, and treatment.

All of the papers with the exception of Knifton and Quinn's (2008) study measured the presence of schizophrenia in the media using pre-determined categories. All but four papers included questions or categories relating to the positives and negatives of schizophrenia from a stigmatisation perspective. Gwarjanski and Parrott (2018) measured this by including subcategories of stigmatising, stigma-challenging and neutral frames. A stigma-challenging frame was defined by the authors as being a predominantly positive approach to the news story regarding schizophrenia. A neutral frame was defined by a news story which did not adopt a stigmatising or positive approach regarding schizophrenia. Yang and Parrott (2018) included similar subcategories of stigma or stigma-challenging cues. This allowed the researchers to compare the positive and negative portrayals of schizophrenia in published articles alongside capturing how these articles are responded to by the reader. The remaining four studies included categories about the metaphoric use of the word 'schizophrenia', the section of the article in which the word 'schizophrenia' appeared in (e.g. news, politics, science, entertainment) and what the term 'schizophrenia' referred to (Athanasopoulou & Valimaki, 2014; Magliano et al., 2011; Vahabzadeh et al., 2011). Owen (2012) based his categories around demographic characteristics, symptoms and stereotypes of schizophrenia, causation, and treatment types.

All of the papers included questions or categories relating to the dangerousness or involvement of violence regarding individuals with schizophrenia. The majority of papers with the exception of six articles (Aoki et al., 2016; Dubugras et al., 2011; Gwarjanski & Parrott, 2018; Knifton & Quinn, 2008; Owen, 2012; Yang & Parrott, 2018) included categories pertaining to the metaphoric use of the term 'schizophrenia' and/or 'schizophrenic'. Bevilacqua Guarniero et al. (2017) divided this category into positive and negative metaphors relating to schizophrenia whilst Clement and Foster (2018) used 'indicators of poor-quality reporting' to identify whether the metaphoric use of the term was consistent with common misconceptions about schizophrenia.

Six papers discussed coders and completed inter-rater reliability tests (e.g. Krippendorf's Alpha, Cohen's Kappa Coefficient). Inter-rater reliability scores for these papers ranged from 'substantial' to 'almost perfect'. Three studies reported that coding was conducted by two of the authors, however, none of these studies mentioned double-coding of the data. Aoki et al. (2016) reported that one author coded the entire sample, whereas the other author rated 10% of all articles in order to assess reliability. Pingani et al (2018) reported that one author coded the entire sample whilst the second author coded data from four randomly selected years. Although Magliano et al. (2011) discusses two authors independently rating the data, it is unclear how much of the data was double-coded. Owen (2012) discussed that all films were coded independently by the author and a graduate student trained in the use of the coding scheme. Data for Gwarjanski and Parrott (2018)'s study was coded independently by a graduate student and a professor of journalism. The authors stated that both coders received training by the primary investigator and coded a selection of articles concerning schizophrenia outside the study's sample in order to demonstrate a thorough understanding of the coding protocol. Yang and Parrott (2018) described two bilingual

(English and Chinese) coders receiving coder training prior to independently coding the articles. It is unclear, however, whether the coders who received training in the classification tools were aware of the study aims, therefore the reliability of the results is unclear.

Six papers did not mention coders or reliability checks. Authors of one paper (Park et al., 2012) reported "we coded", implying more than one coder was involved during the classification of data. There is no specific reference, however, to who these coders were and there was no discussion of inter-rater reliability measures. Dubugras et al. (2011) stated that coding was performed by one researcher, thus it may be implied that reliability measures for coding could not be completed. Due to more than half of the studies not mentioning coders or reliability checks, there is uncertainty regarding the reliability of the data.

Considering a diverse range of countries is advantageous in terms of breadth and understanding of how schizophrenia is portrayed in the mass media. There is difficulty however, in evaluating how representative each sample was of newspaper articles, news segments or films in that country. In addition, it is difficult to assess how representative the whole body of reviewed articles was of worldwide mass media. Furthermore, the involvement of many different countries in a relatively small number of papers makes comparisons across studies difficult as it is unclear if the difference represents genuine cultural differences or chance differences due to a lack of representative sample from each country.

Findings about stigmatising portrayals

Overall, the literature suggests that there is a negative reference to schizophrenia in the media. Stigmatising references ranged from 14% (Clement & Foster, 2008) to 83% (Owen, 2012; Yang & Parrott, 2018). Clement and Foster found that only 14% of articles referred to individuals with schizophrenia using one or more stigmatising descriptors, however, found that in 48% of the articles, the stigmatising descriptor appeared in the headline of the article.

Owen (2012) found 83% of characters with schizophrenia displayed dangerous or violent behaviour towards others and 71% of these characters engaging in unpredictable behaviour. Similarly, Yang and Parrott (2018) also found that a high percentage (83%) of Chinese online media included stigmatising references.

Aoki et al. (2016) found that 50% of articles associated with schizophrenia were portrayed negatively. Similarly, Park et al. (2012) reported that 47% of articles or news segments adopted a negative viewpoint of schizophrenia. Forty-one percent of news articles referring to schizophrenia were found to employ a stigmatising frame of reference (Gwarjanski & Parrott, 2018). This study also found that stigmatising news articles were more likely to be accompanied by stigmatising comments from readers when compared to articles which portrayed schizophrenia more positively. When comparing the online news coverage of schizophrenia in China and the USA, Yang and Parrott (2018) found that the Chinese online news websites published a greater number of articles relating to schizophrenia (63%) in comparison to the US online news platforms (37%). Furthermore, it was found that the Chinese online news media included significantly more stigmatising comments and labels (83%) than the USA (66%).

When exploring the frequency of the use of the term ‘schizophrenia’, Boke et al. (2007), found that negative references appeared once every 3.1 days compared to positive references which appeared once every 12.2 days. When the differences in the reporting of schizophrenia between tabloid and broadsheet articles were examined, Clement and Foster (2008) found stigmatising descriptors were significantly more common in tabloid articles (35%) than broadsheet articles (5%). In addition, it was found that stigmatising descriptors were significantly more common in articles reporting violence in tabloid articles (28%) compared to broadsheet articles (4%).

One of the main themes which emerged from the majority of the papers was the viewpoint that individuals with schizophrenia are dangerous and violent. Knifton and Quinn (2008) identified this theme as the most common theme across their papers (26% of articles). Park et al. (2012) found that the majority of negative viewpoints (38% of articles) focused on the violence or the dangers posed by patients with a diagnosis of schizophrenia. Similar findings were found amongst Bevilacqua Guarniero et al. (2017; 27% of articles) and Dubugras et al. (2011; 28%). Magliano et al. (2011) found that, in particular, 48.7% of news articles referred to homicides committed by individuals diagnosed with schizophrenia, 28.2% of news articles referred to assaults directed at the person and 14.5% referred to other types of assaults by individuals with schizophrenia. Likewise, Vahabzadeh et al. (2011) found the largest number of articles related to schizophrenia were categorised as 'human interest', of which 60% of these articles focused on crimes committed by individuals with schizophrenia and 45% focused on homicides committed by individuals with schizophrenia. When exploring English-language commercial films, Owen (2012) found that 83% of characters with schizophrenia displayed dangerous or violent behaviour towards others and 31% of these individuals engaged in homicide.

Incoherence, contradiction, split, and unpredictable behaviour was another main theme which emerged from the findings across the papers. This theme captures the often-misused term of 'schizophrenia' to refer to 'split personality' or incoherence. Athanasopoulou and Valimaki (2014) found that the majority of articles (90%) which used 'schizophrenia' as a metaphor related predominantly to this theme. Again, when exploring the metaphoric use, Magliano et al. (2011) found 85% of their articles used the term to mean incoherence, contradiction or split. Likewise, Park et al. (2012) found their articles used the term 'schizophrenia' metaphorically to focus on the idea of splitting. Owen (2012) identified that

71% of characters with schizophrenia engaged in unpredictable behaviours, which may be related to the findings that individuals with schizophrenia are perceived as dangerous or violent.

Despite the literature suggesting an overall negative depiction of schizophrenia in the mass media, a number of papers suggested that there was a decrease in the number of articles reinforcing negative stereotypes, particularly over time. Aoki et al. (2016) identified that after the renaming of the term 'schizophrenia' in Japan, there was a significant decrease in the number of stigmatising articles linked to danger. Knifton and Quinn (2008) found a significant decrease in the proportion of articles depicting dangerousness from 35% in 2001 to 19% in 2005. Pingani et al. (2018) found that over time, there was a significant reduction of articles reinforcing negative stereotypes in articles categorised as 'related to mental health'. Vahabzadeh et al. (2011) also found that between 2000 and 2010, there was a significant decrease of articles focusing on crimes and murders committed by individuals with schizophrenia. Although Clement and Foster (2008) found significant reductions in metaphoric use and equating descriptors between 1996 and 2005, no reduction was found on the use of stigmatising terms for schizophrenia.

These findings suggest that there is a lack of positive portrayal of schizophrenia in the mass media. Authors of four studies examined the positive depictions (Boke et al., 2007; Gwarjanski & Parrott, 2018; Knifton & Quinn, 2008; Park et al., 2012). All these studies however, found a greater number of negative portrayals than positive. Boke et al. (2012) found that a positive reference to schizophrenia appeared less frequently in newspaper articles (once every 12.2 days) than a negative reference (once every 3.1days). Gwarjanski and Parrott (2018) found that only 22% of news articles referred to schizophrenia positively, compared to 37% of articles employing a neutral frame of reference and 41% of articles employing a

stigmatising frame. The authors however did find that a positively referenced article (stigma-challenging frame) stood a significantly greater chance of being accompanied by predominantly positive reader comments. Knifton and Quinn (2008) found a total number of 111 positive depictions of schizophrenia, however, this was outweighed by the 316 negative depictions. Park et al. (2012) found that a greater number of neutral or positive viewpoints were published in newspapers than broadcasted in TV news segments (34% vs 22%), however, only 30% of the total sample were portrayed as neutral or positive.

Metaphoric use of Schizophrenia

Six papers studied and commented on the metaphoric use of the term 'schizophrenia'. Clement and Foster (2008) found that 23% of articles used 'schizophrenia' in a metaphoric sense. Both Athanasopoulou and Valimaki (2014) and Bevilacqua Guarniero et al. (2017) found the term 'schizophrenia' was used as a metaphor in 34% of published articles. Bevilacqua Guarniero et al. (2017) further found that 100% of articles which used the term as a metaphor had a negative meaning attached. Boke et al. (2007) found 44% of articles used 'schizophrenia' as a metaphor, whilst Park et al., (2012) found a higher percentage of metaphoric use (65%) and Magliano at al. (2011) found the highest percentage of metaphoric use (74%) amongst the final papers. Although not specifically looking at the metaphoric use, Pingani et al. (2018), also an Italian based study, found that schizophrenia related terms were most commonly used in topics which did not relate to mental health and was found to reinforce negative stereotypes.

All six papers found that when the term 'schizophrenia' was used metaphorically, the meaning had a negative connotation. All but one study (Boke et al., 2007) found that the majority of articles which used the term metaphorically, related predominantly to incoherence, contradiction, split and unpredictable behaviour. Clement and Foster (2008)

found that the term was used to infer being evil as well as a ‘multiple personality’, whilst Magliano et al. (2011) found that ‘schizophrenia’ was metaphorically used to suggest dangerousness or aggressiveness. Both Magliano et al. (2011) and Park et al. (2012) found that the term was used to imply eccentricity or oddness. None of the papers identified a positive metaphoric use of the term schizophrenia.

DISCUSSION

Main Findings

This literature review was conducted to summarise findings from papers that reported frequency data when investigating how schizophrenia is portrayed in the mass media. The main findings suggest that, overall, there is a negative reference to schizophrenia in the media both when referring to the illness and when the term is used metaphorically. The results suggest schizophrenia was negatively portrayed across all nine countries (USA, UK, Brazil, Italy, Japan, Greece, Turkey, South Korea, China). Negative references of schizophrenia were found to appear more frequently than positive references of the illness (Boke et al., 2007), and stigmatising descriptors of schizophrenia were found to be significantly more common in tabloid articles than broadsheet articles (Clement & Foster, 2008).

Overall, the main theme which emerged was the viewpoint that individuals with schizophrenia are dangerous and violent. The majority of papers found that news articles and commercial films focused on the threat of violence posed by individuals with schizophrenia (e.g. dangerous or violent behaviour towards others, committing homicides). Incoherence, contradiction, split, and unpredictable behaviour was another theme which emerged across the papers. Literature suggests that schizophrenia is often misused to refer to 'split personality' or to portray individuals with schizophrenia as engaging in unpredictable behaviours (Athanasopoulou et al., 2014; Magliano et al., 2011; Owen, 2012; Park et al., 2012). Owen (2012) suggests that this association with violent and unpredictable behaviour may convey the message that individuals with schizophrenia are different and should be feared or avoided.

Although overall schizophrenia was found to be depicted negatively, the general findings suggest a decrease in the number of articles reinforcing negative stereotypes over time. Studies identified a significant decrease in the proportion of articles linked to danger and

crimes and homicide committed by individuals with schizophrenia. Despite this decrease and public efforts and campaigns to reduce the stigma concerning schizophrenia, the literature suggests there is still a lack of positive portrayal in the mass media. All studies examining positive depictions of schizophrenia (n=4) found that positive references of schizophrenia were far outweighed by the negative depictions.

Summary of the methodological limitations

Methodological issues relating to sampling, and inter-rater reliability warrant attention due to the extent of which study results can be relied upon. All articles included in this review were coded as lacking an appropriate sample size and lacking representative samples. The majority (n= 11) of articles in this review acknowledged that their sample was not representative (e.g. examining only newspaper articles instead of including other mass media outlets); one reason for this was that the sample was selected on the basis of accessibility (e.g. full articles available, free search of databases).

Fewer (n= 3) articles acknowledged their limitations in sample size. These articles commented on the small sample sizes that were used in their study. For the remaining articles, contextual information was required to make a judgement regarding whether the sample size was appropriate and representative. For example, it was unclear what proportion of newspaper articles published in the year of interest was examined for each paper. Therefore, it is difficult to assess how representative the body of reviewed articles was of the mass media in that particular country.

As captured in the quality strength assessment, the majority of studies (n=8) did not clearly mention coders or inter-reliability checks. This raises queries regarding the reliability of the analysis, thus impacting on the confidence in some of the conclusions that were drawn by the authors of these studies.

All studies included in this review were observational; there was no control over other factors that may have affected the results, therefore, causal conclusions cannot be drawn. Although placing limitations (e.g., only reviewing studies which adopted an observational design) on the original literature search were useful when comparing results from the literature, there are difficulties in drawing causal conclusions from observational studies. These difficulties only apply, however, to conclusions drawn about the causes of any observed decline in the number of stigmatising articles, or conclusions about the causes or consequences of the mass media depiction of schizophrenia. For example, Aoki et al. (2016) found a significant decrease in the number of stigmatising articles linked to danger following the renaming of the term schizophrenia in Japan. There may be several other possible explanations (e.g. social changes) of the decrease in stigmatising articles, thus, the reason for the decrease in stigmatising articles is unclear.

Due to these limitations, caution should be taken in the interpretation of the findings reviewed, especially when considering the implications for clinical practice.

Summary of the observations and conclusions drawn by the authors

The authors of most of the studies also discuss the impacts of the negative metaphoric use of the term schizophrenia. Authors discuss that the metaphoric use of the term may reinforce and contribute to misconceptions and the stereotype that individuals with schizophrenia are dangerous. In addition, authors have discussed that the metaphoric use of the word has been increasingly recognised as part of the western language, which can in turn, be detrimental to the public's perception and understanding of the illness (Vahabzadeh et al., 2011).

Authors of the reviewed papers suggest that continued negative reporting of schizophrenia may have an adverse impact both directly and indirectly on individuals with

schizophrenia (Clement & Foster, 2008; Magliano et al., 2011; Pingani et al., 2018; Vahabzadeh et al., 2011; Yang & Parrott, 2018). Magliano et al. (2011) suggested that these negative depictions may be perceived as greatly distressing by individuals with schizophrenia and may increase self-stigma. Furthermore it has been suggested that these negative portrayals may interfere with the individual's social participation because of the anticipation of being rejected and thereby interfere with the recovery process (Magliano et al., 2011; Vahabzadeh et al., 2011).

Again, caution should be taken in the interpretation of these findings. Although some of the conclusions are based on the data from the studies, these may be impacted by the previously mentioned biases, as well as some of the conclusions being offered as the authors' opinions.

Conclusions and recommendations

The findings from the current literature indicate that negative portrayals of schizophrenia are still prevalent in the mass media. Despite being tentative, conclusions drawn from the literature may offer insight regarding specific areas for research and development. This review highlights the need for further research in this area to include contextual information regarding the proportion of articles published in the time period of interest being reviewed, or the proportion of mass media outlets being reviewed. This will enable a judgement to be made regarding whether the sample was representative and an appropriate size. Additionally, further research exploring the portrayal of schizophrenia in further countries worldwide may strengthen the current findings.

This review emphasises a need to continue efforts in reducing the stigma towards schizophrenia. The reviewed literature highlighted the need for steps to be implemented in order to cease the metaphoric use of the term. Training or resources for journalists to access in

order to improve their understanding of schizophrenia may help to reduce the stigmatising language, avoid negative stereotyping, and provide a more accurate portrayal of the illness (Maiorano et al., 2017; Stuart et al., 2011). The review also highlighted a need for more positive stories about schizophrenia in order to counter the stigma. Findings from the studies indicate that when positive media messages are published or broadcasted, there is a significantly greater chance of positive cognitive attitudes and the stigma being challenged (Crant, 2018; Gwarjanski & Parrott, 2018). Furthermore, providing opportunities for individuals living with schizophrenia to have a voice in the mass media may assist in the provision of more accurate information and may improve the general public's understanding, attitudes, and beliefs of schizophrenia (Henderson, 2018).

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EMPIRICAL PAPER

INVESTIGATING EXPERIENCES OF STIGMA AND DISCRIMINATION AMONGST INDIVIDUALS WITH FORENSIC HISTORIES AND MENTAL HEATH DIFFICULTIES LIVING IN THE COMMUNITY

ABSTRACT

Introduction: Stigma can lead to discrimination and negatively impact on wellbeing. It can also unfairly impact access to resources and opportunities. Research suggests that individuals with forensic histories and mental health difficulties are doubly stigmatised. Little research has been conducted with individuals who may experience the dual stigma, particularly those who live in the community. This research aimed to explore the experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community.

Method: Semi-structured interviews were conducted with seven participants with forensic histories and mental health difficulties living in the community. Interpretative Phenomenological Analysis was used to explore participants' lived experiences of stigma and discrimination in the community.

Results: The analysis resulted in four super-ordinate themes: "Get to know me, forget about my past" relating to the perceived experience of being judged; "all of them sort of things, add up and they send you mad" relating to the impacts of stigma and discrimination; "prefer the other mob" relating to social and behavioural coping strategies, and "trying to get through it" relating to cognitive and emotional coping strategies.

Conclusion: This research provides insight into the lived experience of individuals with forensic histories and mental health difficulties who live in the community. Some of the identified impacts of stigma may contribute to participants' mental health difficulties and increase the risk of re-offending. Recommendations are proposed to guide future practice and research including provision of individual services, peer support and support groups specifically focused on managing stigma and discrimination.

INTRODUCTION

Stigma can lead to discrimination and thereby to unfair restrictions on access to resources and opportunities. It can also have a negative impact on the health and wellbeing of those affected. Having a criminal record and experiencing mental health difficulties are both associated with stigma. This study explores the experience of stigma from the perspective of those who have the dual stigma of both a criminal record and mental health difficulties.

Stigma

Stigma is described as a complex construct referring to a distinguishing characteristic that is negatively valued by others in society (Goffman, 1968; Hagger & Riley, 2017; Link & Phelan, 2001). Link and Phelan (2001) specified four key components within their model of the processes of stigmatisation. These steps include *labelling*, identifying and noticing the human differences; *stereotyping*, linking these differences to undesirable characteristics; *separating*, the labelled individual being placed into categories away from the mainstream/normal group to emphasise the separation and difference; and the *status loss and discrimination*, the labelled individual experiences discrimination, rejection and exclusion which results in negative outcomes (e.g. limited social networks, lack of opportunities and lack of self-esteem; Angermeyer et al. 2006, Link et al., 1989).

Although existing literature has conceptualised stigma in various ways (Corrigan & Watson, 2002; Link & Phelan, 2001), three inter-connected constructs of stigma have been identified; specifically, *experienced stigma*, *perceived stigma*, and *self-stigma* (Brohan et al., 2010). *Self-stigma* concerns the internalisation of the feelings (e.g. shame, fear of discrimination, hopelessness, guilt) associated with the stigmatised characteristic (e.g. mental illness; Corrigan & Watson, 2002). *Experienced stigma* has been described as the experience of actual discrimination based on other people's perception of an individual's inferiority or

undesired characteristic (Van Brakel, 2006). Le Bel (2008) highlights that *perceived stigma* can include an individual's perception of what people believe about the stigmatised group in general, as well as how they believe society view them as a member of this stigmatised group.

Stigma and mental health

There is a wealth of research available on the topic of stigma and discrimination in individuals with mental illness. A review of the existing literature has revealed that individuals with mental illnesses frequently encounter high levels of stigma and discrimination (Mezey et al., 2010), with this being associated with poor social and symptomatic outcomes (Warner, 2010). The disruption of social interaction has been proposed as one of the mechanisms for stigma surrounding mental health. People may experience discomfort and uncertainty in social interaction due to communication or behaviour perceived as deviating from societal norms and accepted social rules (Baumann, 2007; Goffman, 1968). Individuals with mental illness may consequently be avoided, causing an 'us' and 'them' group divide (Baumann, 2007). The existing literature offers possible stereotypes associated with mental illness such as beliefs that individuals are unproductive, unpredictable, and unable to recover from the illness (Angermeyer & Dietrich, 2006; Termeer & Szeto, 2021). Further stigmatising misconceptions include individuals with mental illness being perceived as dangerous and violent (Hayward & Bright, 1997; Jorm et al., 2012). This view is often perpetuated through the mass media which depict these individuals as dangerous, criminal, and to be feared (Kimmerle & Cress, 2013).

Stigmatisation of mental illness occurs globally and can contribute to low rates of help-seeking behaviour, lack of access to care, under treatment, and social marginalisation (Thornicroft, 2008; Oliver et al., 2005). Stigma is one of the main reasons for an individual

with a mental illness not seeking or postponing seeking support from mental health services (Jorm, 2000; Lipczynska, 2005; Rusch et al., 2005).

Due to negative attitudes held by the general public, individuals who experience mental illness may feel shame about having a mental illness (Chapple et al., 2004; Corrigan & Lundin, 2001) and fear encountering stigma (Jacoby, 1994). Pinel (1999) found that individuals who expect to be stigmatised against were more likely to accept the discrimination when it occurred, which perpetuated a self-fulfilling cycle. Additionally, individuals reported withdrawing from social situations and isolating due to fears of rejection (Wahl, 1999). Stigmatised individuals have commented on the powerful impact of stigma on their physical, social and emotional well-being, which may lead to greater suffering than the illness itself (Henderson & Thornicroft, 2013; Rose & Thornicroft, 2010). It has been suggested that stigma continues to impact on the individual's life even after reduction in symptoms and improved functioning (Link et al., 1997).

Stigma and offending history

Research conducted amongst individuals with forensic histories revealed that many have limited opportunities in employment, housing and accessing services (Coates, 2015). Findings have indicated that they experience difficulty securing and maintaining employment due to the employer's reluctance to hire individuals with criminal convictions (Visher et al., 2011). Similarly, individuals reported experiencing obstacles when securing accommodation, as many private housing associations have policies against renting to people with forensic histories (Cortes & Rogers, 2010).

There is currently no literature investigating the experiences of stigma and discrimination amongst individuals with forensic histories via qualitative methods. Existing research amongst prisoners found high levels of perceived stigma which in turn impacts their

ability to function in the community, due to the expectation of experiencing discrimination from the community (Moore et al., 2016). Additionally, it has been found that individuals may socially withdraw and avoid situations where they expect to encounter stigma (Moore et al., 2016; Moore & Tangney, 2017). Social withdrawal from the community is likely to be associated with feelings of shame as well as hopelessness for change (Moore et al., 2018; Moore & Tangney, 2017). Evidence suggests that this social withdrawal mediates the link between perceived stigma and poor mental health (Chronister et al., 2013). Amongst offenders, coping with anticipated stigma through social withdrawal may not only impact on community integration and mental health but may lead to associating with similar stigmatised individuals (Moore & Tangney, 2017).

Dual stigma

Individuals engaging in forensic mental health services are doubly stigmatised for their contact with the criminal justice system and mental health difficulties (Mezey et al., 2010). However, little research has been conducted with individuals experiencing mental health difficulties who are involved in the criminal justice system.

Despite only 5% of violent offences found to be committed by offenders with mental illness (Fazel et al., 2009), research has found that the general population overestimate the risk posed by these individuals, associating them with a greater likelihood of violence and danger (Angermeyer & Dietrich, 2006; Stier & Hinshaw, 2007). As a result of this overestimated view of the risk and dangerousness, societal members may perceive a greater need to socially distance themselves from these individuals and act on their desire to exclude them from the community (Ayazi et al., 2014; Laing, 1999; Prins, 2005).

Studies that have investigated dual stigma have focused on researching stigma and discrimination within secure settings (Mezey et al., 2016) as well as secure hospitals and

mental health court diversion programmes (West et al., 2018). These findings revealed stigma and discrimination were reported by all participants, often impacting on relationships with others and a lack of access to opportunities or support (Mezey at al., 2016; West et al., 2018). In a qualitative study focusing on recovery, Mezey et al. (2010) discovered that forensic in-patients felt the security of the unit was for their benefit; being behind locked doors acted as a shield and protection from the dual stigma that they would experience from the public. Additionally, patients discussed experiencing a greater level of respect and acceptance from others within the in-patient unit than they had previously experienced or expected to encounter in the community. These findings suggest that individuals who are surrounded by others of similar histories and difficulties may experience less discrimination due to feeling socially included (Mezey et al., 2016). West et al. (2018) conducted a mixed-methods study whereby participants completed self-report questionnaires focusing on mental illness and criminality self-stigma, self-esteem, and treatment adherence. Results from the questionnaires revealed mental illness self-stigma, and criminality self-stigma were associated with reduced self-esteem and treatment adherence. In addition, criminality self-stigma appeared to magnify the effects of mental illness self-stigma. A subsample of participants also completed semi-structured interviews which revealed the majority of participants experienced stigma relating to mental illness and criminality, with these stigmatised identities negatively influencing one another.

There is very limited research specifically investigating stigma and discrimination from the perspective of individuals with forensic histories and mental health difficulties who live in the community. Past research conducted in the community has focused on surveys of public attitudes towards these individuals. Findings suggested that intolerance, prejudice and fear towards individuals who have both a forensic history and mental illness are widespread

(Brooker & Ullman, 2008). These attitudes displayed by the public are likely to impact the stigma, discrimination, and social exclusion experienced by individuals with offending histories and mental health difficulties (Link et al., 1999; Mezey et al., 2010; Mezey et al., 2016).

Only a small number of studies have investigated this dual stigma. These have either considered the public attitudes towards these individuals or the individuals' experiences in secure settings and/or mental health court diversion programmes. Currently, to the author's knowledge, no existing studies have recruited only from community settings to explore experiences of individuals with mental health difficulties and forensic histories.

Aims of the current study

The aim of this study is to investigate the experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community by using interpretative phenomenological analysis (IPA). It is hoped that this will help to provide a better understanding regarding how these individuals are impacted by stigma and discrimination. It will add to a developing field of research and by understanding the unique challenges faced by these individuals, it may suggest means to support this population.

METHOD

Ethical approval

Ethical approval for the research was granted by the Ethical Review Committee at the University of Birmingham (Appendix B), the research centre associated with the participating service (Appendix C), and the research department of the privatised probation service (Appendix D). The University of Birmingham sponsored this study and the specialist mental health charity which the participating service is part of provided indemnity for the conduct of the research (Appendix E).

Design

This study utilised Interpretative Phenomenological Analysis (IPA; Smith et al., 2009). Researchers using IPA aim to make sense of individuals' lived experiences based upon phenomenology, hermeneutics and idiography principles (Pietkiewicz & Smith, 2014). This analysis focuses on creating a detailed understanding of how individuals subjectively experience (phenomenology) and make sense of the world (hermeneutics) whilst recognising the researcher's role in trying to assign psychological meaning to individual interpretations. Idiography refers to an in-depth analysis of single cases and examining individual perspectives of participants in their unique contexts. IPA has a detailed focus on a specific phenomenon. For these reasons, IPA is ideal for comprehensive and systematic exploration of how events, processes or relationships are understood by the participant and the researcher (Smith et al., 2009); this is in-line with the focus of the study. As IPA has a commitment to the individual's subjective stories, the exploration of the experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties can be facilitated.

Procedure

Participants were recruited from a community-based psychology service offering psychological assessment and intervention to individuals being managed by a privatised probation service in England. The study aimed to recruit 10 participants via purposive sampling and based on clear inclusion and exclusion criteria (Table 4). As well as being in-line with the recommended sample size for IPA (Morse, 2000), this size was chosen to ensure rich data required for IPA was obtained. The manager of the psychology service was contacted, and the researcher presented the research proposal during team meetings. Potential participants were identified by the psychologists within the service. Potential participants were provided a participant information summary (Appendix F), following which, if interested in participating, the psychologists obtained their written consent to share their contact details with the researcher (Appendix G). Upon receipt of written consent, the researcher contacted the potential participant by telephone to arrange an initial information session to review the participant information sheet (Appendix H), consent procedure, and provide the opportunity to ask questions. Potential participants were contacted via telephone 24 hours after the initial information session. Those who expressed an interest to participate were scheduled to attend an interview at the participant's usual probation office. For the last two participants, interviews were conducted via online platform due to Coronavirus restrictions. Amended ethical approval was obtained to include interviews via this method.

Table 4: Overview of inclusion and exclusion criteria for recruiting participants.

Inclusion	Exclusion
• Serving a community-based sentence managed by the privatised probation service • Engaging in intervention offered by the community-based psychological service This service is part of the criminal justice branch of a specialist mental health charity working alongside Probation • Over the age of 18 • Ability to communicate in English • Capacity to give informed consent • Capacity to reflect meaningfully on their experiences * All individuals engaging with the psychology service, and therefore all the participants, had received a sentence for a criminal offence. They had all been referred to the service to receive support for their mental health difficulties	• Individuals presenting with acute psychosis • Individuals presenting with acute mental health crisis • Significant cognitive difficulties • Any other visible stigmatising factors or impairments (e.g. physical disability)

The final sample consisted of seven individuals. Although both male and female participants were approached, all participants who took part in the study were male. During the process, demographic data summarising key information of the participants (e.g. age, ethnicity, index offence) was collected via the participant's psychologist in order to identify individual differences and similarities across the sample. This information was held by the psychologists as part of the data collection of the service. Consent for access to this information was

included in the consent form (Appendix I) which participants were asked to sign before the commencement of the interview. For details of the demographic information of individual participants, please refer to Table 5. Pseudonyms have been given to participants in the interest of anonymity.

Obtaining consent

Individuals who agreed to take part in the study were given, via their psychologist in person or via e-mail (for individuals recruited after Coronavirus restrictions), a participant information sheet (Appendix H) and a consent to contact form (Appendix G). The participant information sheet provided individuals with an introduction to the research, details of the research itself, and information regarding confidentiality and the individual's right to withdraw from the research. The consent to contact form asked individuals to provide contact details and a preferred time to be contacted by the researcher to schedule an information session. Individuals were reminded that attending the initial information session did not mean they had an obligation to participate in the study. Following this, a consent form was provided to individuals who agreed to take part in the study. This asked participants to read statements and initial the corresponding box if they agreed. Statements related to confidentiality, understanding the research protocol and procedure, the right to withdraw, and giving consent to take part. All seven participants gave fully informed consent, and no participants withdrew from the study.

Table 5: Participant demographic information.

Participant Number	Gender	Age	Ethnicity	Index Offence
Harry	Male	30-39	White British	Possession of an offensive weapon without lawful or reasonable excuse and assault by beating
Alex	Male	50-59	White British	Common assault and battery
David	Male	60-69	White British	Possession of a bladed article
Thomas	Male	20-29	Mixed: White & Black Caribbean	Racially aggravated common assault
Jay	Male	30-39	Asian/Asian British: Indian	Theft from a motor vehicle and burglary
Marcus	Male	30-39	Black or Black British: African	Having an article with a blade or point in a public place
Omar	Male	40-49	Mixed: Other	Other: Class A – Having possession with intent to supply

Conducting the interviews

Five interviews were conducted within their usual probation office. This was chosen as it was considered an appropriate and familiar location to the participant. Private rooms were used, with only the researcher and participant present during each interview. Unfortunately, the last two interviews could not be conducted face-to-face due to Coronavirus restrictions (see Appendix J for amendments made due to Coronavirus). These were conducted over an online platform where both the researcher and participant were in private rooms to maintain confidentiality. All interviews were audio recorded using a University approved encrypted Dictaphone and lasted between 51 and 112 minutes (mean 84 minutes). The semi-structured interview guide (Appendix K) comprised of questions and prompts covering six topics. These included introductory questions about the participant, the participant's understanding of stigma and discrimination, the participant's experiences of, and the general impact of, stigma and discrimination, questions regarding the participant's outlook on the future, and closing questions (e.g. offering them an opportunity to share further information, experiences of taking part in the study). Prompting was used in order to elicit information, break down complex information and check both the participant's and interviewer's understanding. Following the interview, individuals were thanked for their participation and were provided an explanation of how their interview data will be used. Individuals were also given an opportunity to identify parts of their interview they would prefer not to be included in the analysis. As an appreciation of their time, participants were given travel and sustenance expenses following the interview. Individuals were reminded of the researcher's contact details should they wish to withdraw their data within the specified time period (14 days) or ask any research related questions. All data was securely stored or disposed of as outlined in the approved ethics application.

Analysis

IPA was used to analyse the data (Smith et al., 2009). Each participant was assigned a pseudonym and recorded interviews were transcribed verbatim by the researcher. All identifying information was removed from the transcript in order to preserve anonymity of the participants. Following the initial reading of each transcript, initial notes were made focussing on descriptive, linguistic, and conceptual comments (Appendix L). Next, emergent themes within each transcript were separately identified (Appendix M) which were then compared and grouped across transcripts to establish connections and relationships (Appendix N). These higher order concepts are illustrated as super-ordinate and sub-themes and represent findings across the entire sample. For a summary of the analysis process, see Table 6.

Table 6: The process of analysis for IPA.

Process	Description
1. Reading and re-reading	Each transcript was read whilst listening to the interview audio prior to initial coding commencing. The transcript was re-read numerous times throughout the analytic process.
2. Initial noting	Initial thoughts, points of interest and reflections were noted. These initial notes were coded in the transcript as descriptive, linguistic, or conceptual comments. A case summary was also written for each transcript to assist the researcher's reflections of the narrative.
3. Developing emergent themes	A combination of initial notes and coding were used to formulate initial emerging themes throughout each transcript.
4. Searching for connections across emergent themes	Emergent themes were compared together to identify any patterns or connections. Similar emergent themes were then grouped together. Feedback was sought during supervision with the research supervisor and from an IPA research support group.
5. Moving to the next case	After bracketing the ideas of the previous transcript, the above four steps were repeated for each transcript.
6. Looking for patterns across cases	The transcripts, codes, and emergent themes are used to identify patterns and connections across all transcripts. This was used to determine and finalise a list of super-ordinate and sub-themes.

Reflexivity & credibility

It is important that qualitative research acknowledges the researcher's position (Yardley, 2000). I am an Asian female in my early thirties. This research was conducted as part of the academic requirements for a Doctorate degree in Forensic Clinical Psychology. I have worked in community-based forensic mental health service for six-years, in a student, assistant psychologist and trainee psychologist capacity.

Central to the analysis was making sense of the participant's own sense-making of their experience, termed the double hermeneutic cycle (Smith et al., 2009). This cycle involves the consideration of the researcher's own assumptions and experiences within the analysis. Credibility checks such as triangulation and ensuring the identified themes embodied the data as a whole were completed during various stages of the analysis in order to reduce the risk of researcher bias. This was achieved through reflections and feedback which were sought from the research supervisor and an IPA support group. Validity of the analysis was demonstrated by two or more researchers reaching the same conclusions. Discussions with the research supervisor and IPA group also provided opportunities for pre-conceptions to be challenged and allowed the researcher to consider new themes to be explored (Smith et al., 2009). Discussions in supervisory meetings provided an opportunity to ensure that the interpretations were coherent, plausible, and based in the interview data. Although efforts were made to ensure the credibility and validity of the analysis, it is recognised that other researchers may interpret the data in a different manner; this is acknowledged as an inevitable flaw when using an interpretative approach (Smith et al., 2009).

Reflection is an important element of qualitative research. This helps the researcher to become aware of potential factors that could impact the study, such as their own personal beliefs and assumptions. In order to reflect on my own biases, a reflective diary was kept throughout the process of collecting data and the analysis of data. This was used to continually develop awareness of my assumptions (e.g. assuming that all participants are feeling frustrated due to the discrimination, reflecting on the influences of my gender and culture on the data collection and analysis) and also to reflect upon the changes in methodology due to Coronavirus that may have had an impact on the data collection and analysis. Furthermore, due to my experiences of working in community-based forensic mental

health services, I was aware of the great empathy and desire I felt for the participants' voices to be heard. Again, I used a reflective diary in order to reflect on any potential biases that could impact the study.

RESULTS

Four super-ordinate themes were identified which reflect the participants' experiences of stigma and discrimination whilst living in the community. These themes relate to their experiences of being judged, the impacts of stigma, cognitive coping strategies, and social and behavioural coping strategies. Each theme includes a number of sub-themes (Figure 4) which encompass the narratives of each participant.

The themes and related sub-themes presented below are supported by a selection of quotes from transcripts. Table 7 illustrates how quotations have been annotated to improve the reader's understanding and provides context to the examples. Although themes are presented separately, there is unavoidable overlap between these. This illustrates the subjectivity and complexity of participants' lived experience.

Table 7: Annotations used in participants' quotations.

Annotation	Meaning
…	Short pause in participant's speech.
(…)	Indicates missing text where quotations have been condensed.
[xxx]	Text inserted by the author to explain and improve the reader's understanding of the context.
[*exhales deeply*]	Indicates the behaviour the participant was observed to engage in during the interview.

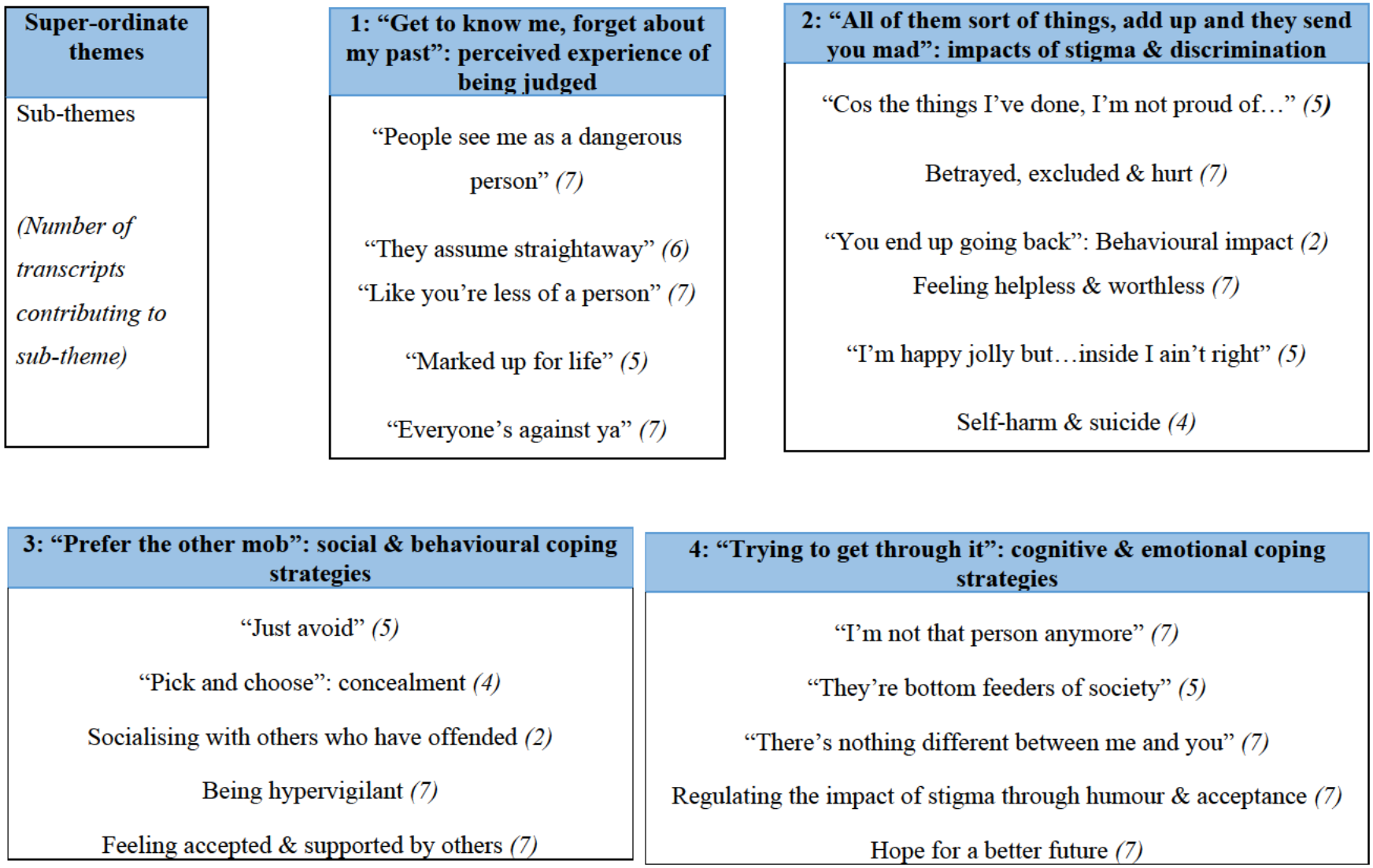

Figure 4: Diagrammatic representation of super-ordinate and sub-themes.

Super-ordinate theme 1: "Get to know me, forget about my past": perceived experience of being judged

Participants reflected on their experience of stigma and discrimination due to either or both their offender status and mental health difficulties. Experiences were dominated by feeling judged by others and their perception that other members of society form assumptions and pre-judgements about them, feeling unable to escape their forensic history, and feeling unfairly treated and looked down upon, resulting in discrimination.

1.1. "People see me as a dangerous person"

All participants expressed their perception that they were being judged negatively by other members of society. Omar commented, *"people see me as a dangerous person that's just done crime".* He went on to provide an example of how others perceive and respond towards him:

> *"I feel like I- I'm a…Osama Bin Laden or Saddam or Hitler. As soon as I go out, everybody run- go back inside the house. I doesn't have no problem for these people at all…Before I go to prison, it was different." (Omar)*

By comparing himself to powerful terrorists, Omar suggests that he is perceived as a highly dangerous individual causing terror and fear in society. Furthermore, he describes others responding differently prior to his custodial sentence, suggesting that individuals who have a criminal conviction are viewed unfavourably and are therefore avoided. Similarly, David expressed feeling judged based on his criminal convictions:

> *"And then people go 'flipping hell. He done this'. They don't think about why he done that…it's just you've got…you've been nicked for err…ABH or GBH or whatever like that. But they don't think about why. They don't go and get the records and look through the charge and say 'oh hang on, I can see why he done that'." (David)*

These narratives point to other individuals forming judgements based on the participants' forensic histories. David suggests that other individuals do not spend time understanding the context in which the offence has occurred and linguistically implies that individuals form a quick judgement about him.

Harry provided an example of how others have judged him based on his appearance:

> *"You've just looked at me and thought, 'do you know what, I ain't going to try and entertain him because he's got a big scar and he's big.' Yet again, just people being judged by a book by its cover." (Harry)*

Harry suggests that his physical characteristics are perceived as intimidating towards others. He also reports *"being judged by a book by its cover"*, suggesting that he feels that others form hasty judgements without getting to know him. Similarly, Jay described being denied employment due to others judging him on his presentation:

> *"I've had problems getting work in the past. When…when they're like…when they don't know me cos…especially if they don't know what you're capable of as well so they're just going to be based on what…the way you talk and the way you look." (Jay)*

Participants also spoke about their perception of being judged for experiencing mental health difficulties. Alex shared an example of how he was prevented from seeing his daughter due to his mental health:

> *"I've only just started seeing my err…youngest daughter again after 3 years because of the depression and everything, her mum wouldn't let her see me… (…) All sorts of stuff that she thought I might do because of the depression." (Alex)*

Alex suggests that others perceive his depression as not only being a risk to others but also a cause of engaging in unpredictable behaviour. It is possible that by describing his

difficulties as *"the depression"*, Alex is attempting to distance himself from the negative assumptions that are often related to mental illness.

1.2. "They assume straightaway"

All but one participant reported feeling that others form assumptions about them. Jay expressed experiencing an "*issue"* whereby *"they* [others] *assume straightaway".* He elaborated that others form pre-judgements that, *"you need money so you're going to be…you know, nicking little things and that."* Jay reflected on these situations, suggesting others form these assumptions because of his previous convictions of theft and burglary. He expressed that it was assumed by others that he would be continuing to engage in this behaviour, despite currently being in employment.

David shared a similar experience and spoke of his perception that others have a mindset of *"he's been there before* [offending] *so it's not new news"*, suggesting that others assume that an individual continuously re-offends. In addition, David discussed his desire for others to see past his previous offences and get to know him.

> *"They think because you've done for something once, that's you all the way through. And that you're going to do it to them (…) I mean…if you had the time to sort of get to know me, forget about my past." (David)*

Once again, this narrative suggests that other people may form assumptions based on an individual's forensic history such as an individual continuing to engage in the offending behaviour. By using the terms *"that you're going to do it to them"*, David suggests that others may perceive him as posing a threat towards them.

Marcus shared his perception of others forming assumptions regarding his mental health difficulties, thus perceiving him differently:

"cos obviously err with my mental health…that's been greatly affected and due to the…situation that I'm in, you know I wouldn't want some of them to think 'oh, he's got mental issues now so I don't wanna- I'd have to treat him a certain way'. Cos when you start mentioning, talking about mental health…or- or any sort of deficiency or disease or whatever, erm…people will automatically put you in that box. 'Oh you're…you're fragile, you're vulnerable, you're this, you're that'." (Marcus)

Marcus discusses a fear of being put *"in that box"* or labelled as mentally ill. By comparing mental health to a *"deficiency or disease",* this may be interpreted as Marcus perceiving that something is not 'right' with him.

Alex proposes the reasons for these assumptions being perpetuated as *"social media sites are to blame for a lot of…let's say stigma. Yeah? A lot of biases."* Similarly, Thomas felt *"those people that…they're just like, I dunno…watching too much TV growing up…listening to rumours."* Both participants suggest that stigma is maintained through portrayals in the mass media. There is a sense of frustration in both narratives which could be related to a sense of powerlessness over the situation.

1.3. "Like you're less of a person"

Participants discussed their perception that they are unfairly treated, unsupported and looked down upon. Thomas reflected that he felt *"treated different innit. Like you're less of a person basically"*, Jay described his perception that *"people damn us"*, and Omar reported *"I feel like I'm nothing"*. By commenting that they are given less consideration and respect than others, there seems be a sense of vulnerability.

Participants discussed their perceptions that they are not offered equal opportunities. David discussed being discriminated against because of his forensic history:

"If you come out of prison whatever like that and you want to try and better your life, and people are not giving you the opportunity to do…to better your life because you've got previous. So therefore, you ain't going to get no better…" (David)

David suggests that he has been denied opportunities due to his past, despite his desire to move forward. Similarly, Harry describes feeling *"held back by people who don't want to see me proceed".* It is possible that participants feel restricted by others and perceive others as not wanting to help them. Alex shared an example of attempting to seek help for his mental health, however, feeling unheard, invalidated, and unsupported:

"He [doctor] *goes to me 'nothing wrong with ya.' So I said 'why do I want to kill myself?' He goes 'we all get like that sometimes. It's…just stress.' So I went, 'Okay, so I walk away now and I wanna walk to the train station. Just walk under the train.' He said, 'you're second degree because you're telling me you wanna do it.' [Pause] 'I'm telling you I wanna do it because I want help'." (Alex)*

1.4. "Marked up for life"

Several participants expressed feeling that not only did they feel judged by others because of their forensic history, but they felt *"marked up for life for one…for one crime" (David)*. David provided an example of how he continues to experience discrimination despite staying out of *"trouble"*:

"I think if you've proven…to err…to society that…say you've been out of trouble for 10 years, then that, that stigma should be out the door cos you've proven that…what you done 10 year ago was…like…a one-off, a mistake or whatever you want to call it." (David)

There is a sense of powerlessness as David expresses feeling that others continue to believe that he is reoffending. For this reason, individuals feel the need to *"prove"* themselves

to others that they are not re-offending. This narrative suggests that society does not perceive offences as *"a one-off"* or *"a mistake"*, but perhaps a continuous behaviour that individuals choose to engage in. Jay shared a similar example of difficulty in moving away from his offending past:

> *"Cos obviously you get told in society that you know you do your time…you know… (…) And then you should be able to…to like start off fresh basically, you know. You served your debt to society I guess...but that's not what happens." (Jay)*

Despite believing that he would be able to move forward following his custodial sentence, this narrative suggests that Jay does not feel 'free' and feels prevented from being able to *"start off fresh".* Overall, narratives from participants suggested that they felt permanently marked by their forensic history, resulting in continuous judgement from others because of their past.

1.5. "Everyone's against ya"

All participants reflected on their experiences of others forming assumptions about them, leading to being perceived as unfavourable or rejection. Alex commented that he feels that *"everyone's against ya"* highlighting a lack of social acceptance. Participants shared situations where they noticed other individuals behaving differently around them. Jay illustrated noticing the behaviour and looks of others towards him, describing his experiences of when he goes into a shop as, *"I get followed around"* or *"I'm getting the staff looking at me straight away".* Marcus also shared similar experiences of entering a shop:

> *"So when I do walk into a shop, automatically they're like, 'okay let's be on standby'. It's so funny because most times I do walk into a shop…I start to notice that…the shopworkers start walking towards me, around me. They start sort of…conveniently start filling up shelves…where I'm standing by when they were literally at the other*

end of the shop a second ago… It's like they want to get me out, get me in, get me out quickly…" (Marcus)

These narratives illustrate the participants' experience of the day-to-day enactment of stigma from others and suggests that others form negative assumptions about these individuals based on their appearance, viewing them as untrustworthy or undesirable.

Participants also shared experiences of feeling rejected as a consequence of other people's assumptions. Jay spoke of feeling rejected by others, including his family:

"*like most of the times if people know you've got a criminal record then…then I would know. Cos even…even with my family, I know that as soon as they found out I'd gone to prison and that…like they stopped talking to me…and things like that" (Jay)*

This suggests participants experience rejection frequently. It is possible that participants may interpret this as feeling excluded and points to a sense of betrayal. Similarly, Marcus described feeling rejected and betrayed by his friends due to his mental illness:

"I had a set of four…or five really good friends that I was with that I got to know over the years. And err as soon as he...err…as soon as my mental health obviously became an issue, they all just deserted. Literally it was within a [*clicks fingers*] *flash." (Marcus)*

This narrative suggests that others are quick to reject due to participants' mental health difficulties. It is possible that others perceive individuals with mental illness as 'different', thus leading to social exclusion.

David shares his experiences and discusses feeling rejected due to his past, describing this as their fear of being *"tarred with the same brush"*. He explained:

"Well like if I'm with a straight go-er and like people know that I'm not…they're going to start thinking, if he's with him, he must be the same. (…) …and then he could

turn round and say, 'well I've never been nicked in my life' 'Well why are you with him?'" (David).

This suggests that others may exclude individuals with forensic histories due to a fear of discrimination and being rejected from society themselves.

Super-ordinate theme 2: "All of them sort of things, add up and they send you mad": impact of stigma & discrimination

Participants' narratives highlight the emotional impact of stigma and discrimination with regard to feelings of shame, betrayal, exclusion and hurt. In addition, participants discuss a behavioural impact and secondary emotional impacts, such as feeling helpless and the impact on wellbeing.

2.1 "Cos the things I've done, I'm not proud of…"

Some participants described feelings of shame when discussing their index offences. When asked about his offence, Marcus replied, *"Yeah yeah erm…I… so basically… err…* [*Pause*] *I…sent malicious messages to my ex-partner erm….but but…err…".* Similarly, Jay responded to the question by expressing, *"It was…so I've been in and out of prison a few times…there…Erm…last one was for burglary"* and Alex stated, *"…erm…I was arrested for…err… Domestic Violence. Erm…Battery. Err…Not proud of it."* These participants express uncertainty and hesitation regarding whether to reveal their offence. This is implied in linguistic qualities, such as the pauses in speech, and the use of phrases *"erm…"* and *"err…".* This may be interpreted as feeling shame in their offending behaviour as well as feeling concerned regarding how they will be viewed following others knowing about their past.

David commented that although he has been *"punished"* for his crime, he feels as though this punishment was not *"enough"*:

"Cos the things I've done, I'm not proud of…And that'll always…eat…eat at me. It's just like erm…it's just something there. I've…I've just…I know I've been punished for it and what have ya, err…but it just doesn't feel enough to me." (David)

David recognises that he is not proud of his past behaviour, suggesting that he experiences feelings of shame which continue to *"eat"* at him. David's use of the phrase *"it's just something there"* suggests these thoughts appear to be constantly on his mind. Likewise, Omar described difficulties with the feelings he experiences following his offence:

"it's still every night I pray for God please forgive me with what I'd been done in my life. See it's not right. It's not right. (…) I thinking every time. What have I done? Why I been doing this?" (Omar)

This suggests Omar experiences feelings of shame when reflecting on his past behaviour. He speaks about acknowledging that his behaviour was *"not right"* and expresses a desire to seek forgiveness from God for his actions. His attempt to seek forgiveness *"still every night"*, suggests that these feelings of shame are intense and relentless.

Overall, participants experienced shame about their offending, and it seems likely that the stigma may have fuelled this shame. Participants, however, did not attribute their sense of shame about the offending to the stigma in a direct manner. It is possible that the shame experienced represents directly how they feel about their offending, rather than what they feel because of what others may think.

2.2 Betrayed, excluded & hurt

All participants reflected on their experiences of feeling betrayed, excluded, and hurt. Harry, Marcus, and Omar described situations when they felt rejected by close friends following their offences.

"I've known you for five years and yet, and know that five years of thingy don't mean nothing to you. Do you know what I mean? Well I thought I had a bit of respect for you, but the respect you've got for me is zero." (Harry)

"My best friend who erm I said, I said you know I did go to her for help, we're not speaking anymore. We had a big argument two months ago, she washed her hands off of me…(…) the fact that she doesn't want to speak to me any- any- again and that seventeen years of friendship is now just over and done with…" (Marcus)

"And some of them, a very very very close friend, they completely they find out that I been doing the situation, they get out of my life, they kick me out of their life. And I loved these people more than everything. So…I lost them… Losing friends because of my situation and coming out of prison." (Omar)

These narratives point to a sense of loss, betrayal, hurt, and feeling excluded by others. It is possible that participants may interpret this as feeling unwanted which may reinforce their feelings of worthlessness. Additionally, comments such as *"washed her hands off" (Marcus)* and *"kick me out of their life" (Omar)* may be interpreted as their friends no longer wishing to be associated with them due to the offender status.

2.3 "You end up going back": behavioural impact

Participants reflected on the behavioural impact of stigma and discrimination. David described a cyclical relationship of further offending as a consequence of the stigma he experiences:

"It's probably to do with the stigma as well…With the…the…having a criminal record…Cos then you think, well if they all think that [being defined by offender status] *I might as well go and do something else* [offend further]*. And then you end up going back [draws circle in air] A little circle." (David)*

This narrative highlights that, as a result of being judged for their offending history, participants' may feel powerless to change other people's perception of themselves. There is a sense of acting down to the stigma, and it is possible that individuals' may feel that their identity has been defined by their offender status. In turn, this may lead to further offending behaviour, which may lead to a continuation of judgements and assumptions.

2.4 Feeling helpless

Participants described experiencing secondary emotional impacts as a consequence of the stigma and discrimination. Harry recognises being unfairly treated and comments *"it's not fucking fair. It's not right"*. However, despite acknowledging the lack of fairness, he appears helpless to change the situation and shared:

> *"It pisses me off. It don't…It pisses me off to an extent because I know that I can't really do anything about…do you know what I mean? I ain't like the president or anything. If I was, I would do something about it." (Harry)*

Harry reports his frustration in not being able to change the situation due to a lack of power. Harry describes making attempts to raise these issue and comments *"…all these pricks that are in fucking power. If I told you, I've told these cunts many a times and not one of them fucking listened",* which suggests a sense of helplessness due to not being listened to. Similarly, Marcus provided an example of how he feels powerless to change the situation and discussed the impact of this on his behaviour:

> *"I felt violated in the sense that I couldn't be who I was. I couldn't be myself. Err, so I was…literally almost every day I was in this cocoon. There would be…there would be probably…weeks would go by where I wouldn't say a word." (Marcus).*

By using the term *"violated"*, this may be interpreted as Marcus feeling unsafe, thus feels a need to be inside a *"cocoon"* which suggests a desire to feel protected by these

judgements. As a result of the stigma and discrimination, Marcus suggests that he feels unable to show his true identity and experiences high levels of distress which leads to him not speaking to other people, including seeking help from services.

2.5 "I'm happy jolly but…inside I ain't right"

A number of participants reflected on the impact of stigma and discrimination, on their mental health and wellbeing. Alex shared an example of this and described:

> *"It* [stigma and discrimination] *causes depression. Makes you feel worthless. Erm…what can I do to improve that? Because if you can't get the help that you want? There ain't no help. And…perfect example is…When I became depressed because of all this…what I done…I asked for help. Didn't get no help. In turn, that made me more depressed. Then became suicidal". (Alex)*

This narrative suggests participants' mental health are impacted by stigma and discrimination. Alex suggests that although he attempted to seek help, he was denied of this support, suggesting a sense of rejection, being unfairly treated and worthlessness. Similarly, David described *"I'm happy jolly but…inside I ain't right…"* as a consequence of being discriminated against. This suggests that participants may feel the need to 'mask' how they are feeling. It is possible that they engage in this behaviour as a means of preventing further discrimination.

2.6 Self-harm & suicide

Some participants discussed their experiences of the damaging impact of stigma which led to the experiences of self-harm, suicidal thoughts or attempts. David reported thoughts *"of topping meself"* due to struggling to cope with the judgements based on his forensic past and also expressed a desire to *"just want to go to sleep and not wake up"*. Similarly, Marcus described, *"I attempted suicide a few times after my arrest"* due to his perception that he is

treated differently and looked down upon by others. Likewise, Omar shared his experiences of the impact of exclusion by his neighbours:

> *"I- I coming inside the house and start crying or broke something. Well as soon as I broke something, my- my head is going 'relax'. Or I damage myself. I do something stupid to myself (…) I feel down. Very down." (Omar)*

Omar reports feeling *"very down"* after feeling excluded from his community and discusses engaging in self-harming behaviours as a way of reducing the intensity of these feelings. This narrative suggests a sense of hurt and frustration, and the participants' struggle to cope with the ongoing judgments and the impacts of these. A possible interpretation of these narratives may be that again, the stigma and discrimination may be fuelling the shame participants may experience about their offending.

Super-ordinate theme 3: "Prefer the other mob": social & behavioural coping strategies

Participants reflected on their experiences of engaging in social and behavioural strategies as a means of coping with the stigma and discrimination. This included avoiding others, concealing information from others, choosing to socialise with individuals with similar experiences, and being hypervigilant.

3.1 "Just avoid"

Several participants described avoiding others or isolating themselves as a means of coping with the judgements they experience. Marcus reported his opinion that he would "*rather just avoid it* [social situations]*"*, elaborating that he currently prefers to isolate himself from his friends:

> *"If I see my friends again or whatnot cos now- right now I've decided that actually- it's not even a case of erm…not telling my friends about my situation it's actually a*

case of just isolating myself completely. I've removed myself from the WhatsApp group." (Marcus)

Likewise, Omar discussed his choice to isolate himself from the community commenting, *"all this time, I doesn't been out in one month. 24/7 I'm inside the house."*

Both these narratives suggest a sense of fear of being judged and excluded by others. A possible interpretation of this may be that as a result of this fear, participants choose to isolate themselves as a means of protecting themselves. David shared an experience of a previous attempt to engage with psychological services and stated, *"so I done them a favour saying 'no' before they could turn round and say 'no' to me."* This highlights that participants may anticipate being judged or rejected by others, and may reject others before they feel excluded.

3.2 "Pick and choose": concealment

A number of participants spoke about concealing information regarding their forensic history from other people. They consciously decided the information they would *"pick and choose" (David)* to tell others and described feeling *"afraid" (Omar)* or *"worried" (Jay)* about how others will perceive them if they know about their past. This suggests that participants conceal certain information from others due to a fear of rejection and being negatively judged by others. This was particularly noticeable when participants described situations about socialising with friends, family or individuals without criminal convictions. Marcus expressed his desire to conceal his offences from his friends:

"some of my good friends who I have liaised with over the past few months, I've just kept it- they don't know anything and I'd just rather not…I'd rather not spread my business you know. I'd rather not tell them." (Marcus)

Being able to conceal information appears to be of great importance and also highlights that participants anticipate experiencing stigma and discrimination if others are aware of their forensic history. The act of choosing the information that is disclosed to other people may be interpreted as the participants' desire to regain a sense of power and control over the situation; an attempt to reduce the judgements that participants may encounter.

3.3 Socialising with others who have offended

Participants also discussed choosing the individuals who they socialise with. Participants expressed a preference for socialising with other individuals who have forensic histories. David commented that he feels *"more secure and comfortable"* socialising with *"people of my…ilk"* explicitly stating that *"it is a feeling of acceptance"* and *"not being judged"*. David's language, *"ilk"* suggests that he experiences a sense of belonging to a group of individuals who are not cared for. This may be interpreted as a reflection of how he feels; unwanted by society. He explained his preference for socialising with these individuals reporting:

> *"I've got a few mates that have like straight. Proper straight. But erm…And they're good mates but…I don't socialise with them as much as the other mob. I prefer the other mob because of the banter…and…like just…just there. Cos you talk about stuff as well, 'oh oh I know who he is and I got done with this bluh bluh bluh.' And you compare notes, you have a giggle". (David)*

This narrative points to the value and importance placed on feeling accepted and understood by others. David's use of the term *"mob"* suggests group membership in a group of individuals who are perceived as causing trouble or violence. It is possible that this is a reflection of how participants see themselves; adopting the stigmatising views from others that they are unfavourable individuals. Nevertheless, by associating with individuals from the

same background, participants experience a sense of safety and power, away from the judgements and discrimination.

3.4. Being hypervigilant

All participants shared situations of being hypervigilant about the signs of stigma due to their perceived experience of being judged alongside their everyday experience of discrimination. Thomas described how he frequently notices others changing their behaviour around him due to feeling threatened by him.

> *"This is the one that happens to me a lot. (…) Even with my hood down, in fact…I don't even need to be…the hood but I could be walking down the street and even by myself and…I dunno women will like clutch their handbag." (Thomas)*

Thomas' narrative reflects his view that others judge him based on appearance and perceive him to be a threat. Similarly, Harry illustrated that even thinking about his experiences of individuals behaving differently towards him continue to trigger strong thoughts and embodied experiences:

> *"I try not to think too much into it. It's like because…I walk down the street and then you get someone [rubs nose], and it happens to me 40 times a day and I notice it and even other people who must think 'gaw'. I walk into a place and someone go [coughing noise] straight away. They'd look at me as soon as I walk in and go [coughing noise]. I think 'fucking hell. That's happened to me five times today'. Like, it's a bit curious how as soon as I look at them, they straight away go [coughing noise] and I can taste something and I think 'gaw, what's that in my throat'. It's like I can almost taste their saliva. Then you get the ol' scratching the head one". (Harry)*

Despite expressing that he tries *"not to think too much into"* these situations, through this narrative, Harry indicates that these incidents are constantly on his mind. Additionally,

Harry's focus on the number of times a person coughs as soon as he walks into a room or rubs their nose suggests that he is hypervigilant about other people's behaviour.

Overall, these narratives suggest that by ruminating over these experiences of being judged, individuals become hypervigilant about the signs of stigma. It is possible that this may impact on how the individual views themselves and may perceive society to be judging them as a dangerous or undesirable person.

3.5 Feeling accepted & supported by others

Participants reflected on their experiences of feeling accepted and supported by others. For the majority of participants, this feeling of support related to the engagement with the psychology service. David spoke about feeling *"comfortable"* and describes his experiences as *"the greatest thing that…I've had the privilege to be in."* Similarly, Alex expresses not only being able to open up to his psychologist but also enjoys the interventions and illustrates:

> *"And I go away thinking you know what, I was speaking about things I didn't realise I wanted to talk about. So yea-I found myself opening up a lot more since I've been doing the psychology with* [Psychologist's name]*. It's a massive good thing. It's a massive good thing. And I enjoy talking with her. That's the other side of it." (Alex)*

These narratives suggest the importance of feeling listened to and included by others. It is possible that this provides participants with hope and a positive experience of interacting with others, including those who have not offended. This in turn may lead to participants perceiving themselves more positively, as illustrated by Jay expressing that the psychological intervention helped him to identify" *stuff that I'm proud of and things like that"* which contributed to him feeling *"positive about myself"*.

For some participants, this feeling of support and acceptance related to their family. Harry identified the importance of family for him, stating *"Family's always been there for me*

no matter what. (…) Family, they've always been there for me. Family's everything". Likewise, Thomas describes how he feels able to rely and seek support from his brother and expressed, *"I can call on my brother whenever I want".* David shares feeling unjudged and accepted by his family, attributing this to the change in his behaviour:

> *"I do stop and think now. A little bit more. So…there…that is down to my family. (…) I've got a very good supportive family and…It's about loyalty, family and that's what I've got with the people I've got wrapped round me now." (David)*

David's use of the term *"wrapped round"* suggests he has supportive people close to him, implying a sense of comfort. Overall, these narratives suggest participants' feeling supported and accepted by their family members. It is possible that this provides a sense of belonging as well as feeling protected due to the lack of judgements by these individuals.

Super-ordinate theme 4: "Trying to get through it": cognitive & emotional coping strategies

Participants reflected on their experiences of coping with the thoughts and feelings as a result of being judged. Participants discussed engaging in a variety of cognitive and emotional coping strategies which are motivated by an eagerness to establish a new identity in opposition of the stigmatised identity. These included distancing themselves from the person they were at the time of the offence, distancing themselves from other offenders, minimising differences between themselves and others in general society, using humour and acceptance, and hoping for a better future.

4.1 "I'm not that person anymore"

Alex reported that he has *"turned from being what I call a 'bad boy' or 'street urchin', whatever, to become a respectable working person."* This suggests that despite viewing himself negatively when offending, he is keen for others to acknowledge that he has

changed. Alex, however, describes his perception that despite his best efforts of changing, he feels helpless in being able to change the stigmatising views of others in accepting this new identity stating *"And they're looking like I'm…It's…you're not that person. But I am that person now...Like I'm not that person anymore"*. This narrative also highlights how individuals have separated their identity from both their criminality and mental health issues. There appears to be an externalisation of these issues rather than accepting these difficulties as part of who they are. This is supported by comments from Thomas stating, *"This time here [offence] though I was suffering from psychosis"* and Marcus who expresses that at the time of the offence he was *"this other guy, this…this dark guy."* Once again, these narratives suggest a sense of individuals attempting to distance themselves from the criminality and the mental health issues they experienced.

Harry described his desire to be perceived as a *"good guy"* by others and elaborated on his perception of how he has changed from the person he was when offending to who he is currently:

> *"Before, say like six months ago if I got pissed off, I'd pull my car up onto a full stop on the motor, I wouldn't give a fuck and jump straight out the driver's door. I'd go straight up to the other geezer…like even on the motorway. But now, I go…lightbulb situation. (…) I've had enough getting the fucking shit and the stick and not thinking about your actions. I've made enough mistakes and learnt enough lessons, I can assure you." (Harry)*

Harry reflects on the changes in his response following his perception that others are judging him. He describes this as a *"lightbulb situation"* where he has *"learnt"* to consider the consequences of his behaviour following the *"mistakes"* he has made in the past. Harry expresses an eagerness for the interviewer to see this change by stating *"I can assure you",*

suggesting his perceived need to convince others of the change. Likewise, Thomas reflected on the changes he is currently trying to make in his behaviour and stated *"I'm trying to get better…Trying to just go Probation, go home"* which suggests a sense of desire to make improvements from his previous behaviour and comply with his order.

Here, narratives suggest that participants experience an eagerness to establish a new identity which opposes the stigmatised identity that others perceive them to have, with participants providing examples of situations to evidence the change. This may be interpreted as attempts to prove they are not the person that the stigmatised identity portrays them to be, a desire to no longer be viewed as a threat, feel more socially accepted and included within society.

4.2 "They're bottom feeders of society"

Several participants spoke about their perception of other offenders. Marcus commented that *"if you go to a prison for instance and you see people behind bars…you automatically think, they're criminals…they're- they're- they're bottom feeders of society. You're not wrong"*, demonstrating an awareness of other people's perception and agreeing with the perceived public belief that prisoners are worthless individuals. Harry echoed this viewpoint and commented, *"Any of the scumbags that want to go round robbing people, stabbing people (…) Don't worry about them. Get rid of them fucking cunts."* This portrays how offenders committing different offences are viewed differently by these individuals. This may be interpreted as a desire to be perceived more favourably than other types of offenders and an attempt to distance themselves, so they are not associated with these offenders. Similarly, David shared an example of his views towards individuals who have committed sexual offences:

"Well like, with err…paedophiles, rapists…stuff like that. Yeah. Cos nine times out of 10 people that are getting done for that, they're not getting the proper sentence anyway. You know what I mean? And then they're let out to do it again. So, that…I could…that should be like, that stigma should be there all day long." (David)

Through this narrative, David expresses that some offenders do not receive a *"proper sentence"* and states his opinion that they continue to reoffend. Although David has experienced pre-judgements from others that he continues to reoffend, David's narrative suggests that he is in agreement with stigmatising views towards individuals who commit *"certain crimes".* This may be interpreted as an attempt to distance himself from particular offenders, seek connections with others and fit into society. By agreeing with the stigmatising opinions, David may believe he is providing evidence that he is not as 'bad' as other people who have offended.

The participants' narratives highlight that despite experiencing judgement from others themselves, judging other offenders is a way to compare themselves and prove to others that they are not as 'bad' as other offenders. This may be interpreted as a desire to be seen more favourable than other offenders as well as an attempt to manage negative feelings about their own past and improve their sense of self-worth.

4.3. "There's nothing different between me and you"

Participants all discussed a desire for other people to acknowledge there is *"no difference" (Thomas)* and *"there is good and bad in everyone" (Alex).* Harry supported these thoughts commenting:

"…cos everybody's built the same. We all shit the same, we all eat the same, we all cry the same, we all bleed the same. There's nothing different between me and you, a

Muslim, an Indian, Jamaicans, there's no difference. We still eat, we still cry, we feel the same pain. No difference man" (Harry)

Similarly, Marcus expressed that biologically there is no difference between individuals:

"Cos we've all got ten digits, we've all got eyes and ears, we all bleed. End of the day in 100 years when we're in our graves and we've rotted down to our skeletons (…) we're going to be looking down at our primitive skeletons and they're not going to see any difference because again, structurally there is no difference." (Marcus)

By discussing the lack of difference between the biological structure in the human body, there is a strong sense of desire to be accepted as a human and a member of society.

4.4 Regulating the impact of stigma through humour & acceptance

Participants identified further ways of coping with the stigma and discrimination they experience. Some of the participants expressed a sense of acceptance. Jay reported that *"obviously in an ideal world like…I wouldn't want them to have done that* [being judged based on appearance] *but…that's life innit",* Omar described how *"always I smile. Doesn't matter what's inside me, which kind of problem I have…",* and Harry commented:

"It just falls into place after…after struggle and trying to get through it. Then you realise, well this has happened because of that and that happened because of this and these guys don't like me so that's why that happened and…it all kinda fits together like all your life unfortunately". (Harry)

Despite acknowledging that experiencing stigma is not a positive experience, there is a sense of acceptance that society will stigmatise against them, which in turn, helps them to cope and move forward instead of struggling to challenge the judgements.

Thomas shared his means of *"coping"* and expressed *"I just laugh…I find it funny",* adding *"laughing is the best medicine".* Participants appear to engage in common means of

coping, however, it may be interpreted that these strategies are chosen due to a lack of choice or power in changing the situation.

4.5 Hope for a better future

All participants described coping with their experiences by focusing on their hopes for a better future. One aspect of hope for some participants was the idea that they would be able learn from their experiences. Alex commented *"so you know, there's obstacles that everyone can overcome".* Thomas described a similar outlook of how he views his current situation:

> *"Look at it* [discrimination] *as like…a challenge like… I've got get through all these obstacles to make it to where I want to be in life…time to move forward innit. (…) Don't let it…others dictate you with their view. Like, create your own view." (Thomas)*

Both narratives suggest that the experiences of stigma and discrimination are perceived as a barrier in moving forward. Despite experiencing these difficulties, participants suggest finding the strength from within themselves to overcome these challenges. David comments, *"it's down to yourself at the end of the day"* suggesting that it is the individual's choice and responsibility to shape their future.

All participants reported a desire to move towards a better future. For some, these goals related to making significant positive changes in their life, *"that's my aspiration now to turn my life around and try and use my negative experience into a positive experience." (Marcus).* Thomas and Omar both appear to reflect back on their negative experiences as a means of learning and moving forward:

> *"It's just…it's hard to not let it get to you but as you get older you think more before you speak. Gone through things, you've heard more stories and it's- dat dat dat dat…So it's all like wisdom innit. So…yeah." (Thomas)*

"For next time, next step, don't doing it again… Since you got one mistake, from that mistake you learn. From that mistake…step-by-step it's a life. Step-by-step you've got to front, not go back-to-back. (…) Day by day we have to go up, not down." (Omar)

These narratives suggest the participants perceived their negative experiences as a means to build on their knowledge in order to assist them with making positive changes in their identity and moving towards a better future.

DISCUSSION

This qualitative study employed IPA to explore how seven participants with forensic histories and mental health difficulties living in the community experienced stigma and discrimination.

Summary of findings

The analysis identified four super-ordinate themes within the data, which reflected participants' experiences and how they made sense of the stigma and discrimination they were perceiving to be subjected to. The narratives of the participants describe perceived experiences of feeling judged and viewed as a threat, others forming assumptions about them based on their forensic history and mental health difficulties, feeling unfairly treated and unable to escape their past, and feeling rejected by society. Participants illustrated the various impacts of stigma and discrimination and their attempts to make sense and cope with their experiences. These findings provide insight into the lived experiences of individuals with forensic histories and mental health difficulties who are living in the community, from which suggestions and recommendations for future support can be made.

In the first super-ordinate theme, all participants described being judged negatively and perceived as a threat. Participants spoke of this perception being associated with both their offending history and mental illness. Theoretically, it is suggested that these findings are most suitably grounded in the offender stigma that has been studied through the wider context of 'labelling theory' (Scheff, 1966; Lemert, 1967). This theory assumes that although criminal behaviour can occur due to various reasons, once individuals have been defined as a criminal, they often face further problems that are attached to this label (Becker, 1963; Lemert, 1967). For example, negative stereotypes portraying them as dangerous, undesirable (Corrigan et al., 2003; Hirschfield & Piquero, 2010) and belittled (Hirschfield & Piquero, 2010; Link &

Phelan, 2001). All participants spoke about being perceived as unfavourable or experiencing rejection as a result of negative judgements and assumptions. These views were supported by research suggesting that offenders are often ostracised and excluded from society due to stereotypes (Hirschfield & Piquero, 2010). Findings from the current study are also consistent with the overestimated risk of violence and danger that the public associates with offenders with mental illness, as reported in research by Angermeyer and Dietrich (2006). Additionally, it is possible that the public may experience discomfort and feel threatened due to beliefs that an individual with mental illness may demonstrate instability, dangerous and unpredictable behaviour (Baumann, 2007).

The second super-ordinate theme considered the impacts of stigma and discrimination. Many participants described experiencing shame about their offending, and it is likely that the stigma may have fuelled this shame. Although participants did not attribute their sense of shame about the offending to the stigma directly, research supports the view that internalised stigma is a construct associated with shame (Livingston & Boyd, 2010).

All participants reflected on their experiences of feeling betrayed, excluded, and hurt, particularly by close friends or family. It is possible that participants may interpret this as feeling unwanted, which may reinforce feelings of worthlessness. This is consistent with existing literature suggesting that individuals from stigmatised populations may perceive a lack of support from services and their support network (Overton & Medina, 2008).

In the third super-ordinate theme, participants discussed engaging in social and behavioural strategies as a means of coping. Participants shared situations of becoming hypervigilant about the signs of stigma from others, expressing their awareness of the frequency of others changing their behaviour around them. This view is supported by literature relating to social phobia (Clark & McManus, 2002) and rejection sensitivity (Preti et

al., 2020), whereby individuals become acutely aware of the social behaviour of others towards them.

Consistent with the findings of Mezey et al. (2016) on stigma amongst incarcerated offenders, participants described avoiding others or isolating themselves, even from family and friends, and concealing or selecting information about their offending history and mental health. Additionally, some participants discussed choosing the individuals who they socialise with. Participants spoke about socialising with other offenders due to *"not being judged"* and feeling *"more secure"*. This suggests a sense of safety and belonging within the group. Sharing a social identity may reduce internalised stigma through the validation of their identity by others in the group (Hagger & Riley, 2019). This can facilitate a more resilient response to the stigma attached to identity in wider society (Matheson & Anisman, 2012; Pachankis, 2007).

Despite their negative experiences, participants recognised times when they have felt accepted and supported by others. Participants emphasised the importance of social integration and feeling socially accepted, discussing the positive impacts of this on their mood and behaviour. It is possible that these situations result in less perceived stigma (Brown, 2015) and internalised stigma (Corrigan et al., 2006), resulting in higher self-esteem and greater feelings of satisfaction (Rusch et al., 2010).

In the final super-ordinate theme, all participants reflected on their experiences of engaging in cognitive and emotional coping strategies. One of the main forms of coping identified, were participants' attempts to highlight a different identity to stand in opposition to the stigmatising identity assigned by others. It is possible that participants demonstrated a desire to distance themselves from the criminality and the mental illness as a way of seeking social acceptance. In addition, participants expressed an eagerness to be seen as the 'same' as

others within society. In order to achieve this, participants shared their negative judgements about particular offenders, perhaps as a means of evaluating themselves more favourably in comparison to other offenders (Festinger, 1954) and distancing themselves from other individuals with forensic histories. It is also possible that participants judged other offenders in order to develop a sense of social identity and belonging within society (Tajfel & Turner, 1979).

Furthermore, participants regulated the impact of stigma through common means of coping such as humour and acceptance. These methods are considered as common defences that can temporarily alleviate some levels of distress (Gelkopf, 2011; Stoeber & Jansssen,2011). Again, despite the negative experiences of stigma and discrimination, participants reported a hope and belief for a positive future. Participants described learning from their experiences to assist with making positive changes in their identify and moving towards a better future. This was associated with the benefits of engaging with the psychology service which enabled them to develop a positive outlook for the future. Similar findings exist within previous research which found individuals' motivation for positive change was often attributed to the work undertaken as part of their probation order (Rex, 1999). Further studies have illustrated that positive interactions with services enabled individuals to feel more hopeful about their future, feel connected to others and more confident in their ability to desist from crime (McCulloch, 2005; King, 2014).

Stigma, mental health and re-offending

Participants discussed several emotional and social impacts of stigma, and their ways of managing with these. The factors outlined below may have had a negative impact on their mental health. Participants reflected on the impact of stigma on their self-esteem and self-identity, expressing shame, feeling worthless and devalued. Findings from a previous study

revealed that the perceived hostility of others and loss of opportunity because of prejudiced attitudes correlated negatively with self-esteem (Ho et al., 2015). Additionally, research suggests that when people feel shame about themselves, they feel worthless and powerless (Tangney et al., 2011). These results are consistent with the findings from the current study whereby participants spoke about feeling powerless to change the situation. The interpretative analysis also suggests that participants appeared to experience conflict over their identity, as evidenced in their effort to distance themselves from the person who committed the crime. Similar findings have illustrated offenders' desire to "break" from their criminal identity and to change the "self" into something else (Paternoster & Bushway, 2009).

Participants all reported feeling betrayed and excluded, which was reinforced by their own self-imposed social isolation. These feelings may not only result in increased symptoms of depression (Mickelson, 2011), but they may become acutely aware of the signs of rejection (Preti et al., 2020). This was supported by participants' descriptions of feeling uncomfortable around others and being hypervigilant about the signs of stigma.

Despite all participants receiving support for mental health difficulties, only a few shared their experiences of mental illness. It is possible that participants did not wish to discuss their experiences due to a desire to conceal their mental illness in order to avoid further discrimination (Mezey et al., 2016). Further studies suggest that individuals choose to conceal potentially stigmatising information due to feelings of shame, wanting to fit in and concern about negative reactions from others (Hagger & Riley, 2019; Riley & Hagger, 2015). Concealment, however, may lead to stress and anxiety in social situations due to the threat of the characteristic being exposed or discovered (Chaudoir & Fisher, 2010; Pachankis, 2007).

Participants did not always make a direct and explicit connection between these consequences and their mental health. However, there were some instances where participants

did make the connection. For example, participants described experiencing suicidal ideations which were associated with being denied mental health support. These findings are supported by Mackenzie et al.'s (2017) study conducted amongst probation clients. This study found loss of social connections, lack of support and sense of powerlessness as key themes relating to suicidal attempts.

Some impacts of stigma and the participants' way of managing these may also increase the risk of re-offending. Participants discussed choosing to associate with other individuals with offending histories to avoid being judged. These findings are supported by research consistent with 'Social Identity Theory' (Tajfel & Turner, 1979), which suggests that individuals interact with criminal peers to develop a sense of group membership. However, it has been identified that negative peer influences are one of the main risk factors in recidivism (Yukheneko et al., 2019).

Participants also spoke about the behavioural impact of stigma; acting down to the stigma and accepting the identity that society seek to impose on them. This is supported by Moore et al.'s (2016) study which found that believing others hold negative stereotypes led to offenders accepting and agreeing with these stereotypes. Furthermore, participants spoke about their mental health difficulties contributing to their offences. For example, participants described being a *"dark guy"* or experiencing psychosis at the time of their offence. Although these examples suggest individuals externalising their difficulties, research suggest that mental illness (Arboleda-Florez, 2009), including psychosis (Morgan et al., 2013) is a risk factor of offending.

Strengths and limitations

The current study develops our understanding of the experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living

in the community. This research provides useful insights into understanding the unique challenges and impacts faced by these individuals. The findings from the research may be used to suggest means to support this population.

There are a number of methodological limitations that should be considered when interpreting the findings. Firstly, the nature of IPA demands a small sample size, meaning that conclusions drawn from the analysis are not representative of all individuals with forensic histories and mental health difficulties living in the community. Secondly, in line with the IPA recommendations regarding the use of a homogenous sample, the study recruited all participants from one psychological service working alongside probation. This, along with the sample size, limits the generalisability of the findings.

From an IPA perspective, the researcher is involved in interpreting the reflections of the participants. It is possible that the researcher's passion and previous experience of working with individuals with forensic histories and mental health difficulties may have influenced the final set of themes presented. The researcher was cautious not to over-generalise or theorise the participants' experiences and to ensure their voices were heard, thus resulting in a large number of sub-themes. Although actions were taken to mitigate any bias and enhance the credibility of the interpretation (through reflective supervision and attendance of IPA support groups), there remains subjectivity in the analysis. It is possible that other researchers may argue different interpretations of the data.

Clinical implications

The findings of the study present a number of potential clinical implications. The research suggests a number of targets to support in relation to stigma and discrimination. These include self-identity and self-esteem; social exclusion and isolation; managing stigma and discrimination when it occurs; disclosure and concealment of information regarding

forensic histories and/or mental health difficulties; identifying with criminality (e.g. accepting the identity imposed by others, preferring to socialise with individuals with forensic histories).

In order to support the above targets, participants may benefit from individual support from agencies similar to the services they were recruited from. Research suggests the multiple nature of the forensic, social, and psychological difficulties presented by offenders leads to the importance of effective multi-agency collaborative working (Long et al., 2018). Supporting desistance is also consistent with the recovery approach in mental health (Shepherd et al., 2008). This approach emphasises building strengths by meetings needs such as developing positive rapport and addressing health needs.

Further means to address the targets may include peer mentoring, peer support groups and support groups specifically focused on managing the stigma and discrimination. These are likely to have positive impacts, providing individuals with non-judgemental spaces to seek support and guidance from others who may better understand the issues and challenges they may experience. In addition, offering participants the opportunity to share their experiences or become peer mentors themselves may promote feelings of empowerment and value. Goffman (1968) found individuals were able to cope better and overcome their stigmatised identity by sharing their personal experiences. Participants may also benefit from support groups focusing on re-building their identity whilst dealing with the stigma and discrimination they may encounter. Literature suggests understanding the effect and management of stigma (Cherney & Fitzgerald, 2016), as well as forming a new self-identity (Giordano, 2014) is central to desistance and reintegration.

Future research

Based on the results of this study, several potential areas of future research can be identified. Firstly, further qualitative research exploring in greater detail some of the

connections suggested by the present study. For example, how the emotional impacts of stigma might connect with the mental health issues of the person. Exploration of this was rather limited due to the reluctance of the participants to talk about their mental health in any detail. Furthermore, there was a lack of opportunity within the interviews to explore this issue in the depth required.

Secondly, quantitative research to corroborate some of the connections identified by the current study. For example, examining whether individuals who experience more stigma and discrimination have lower self-esteem, and whether they are more likely to be socially isolated. Furthermore, it may be beneficial for quantitative studies to explore the extent and degree of stigma experienced by this population.

In addition, it would be interesting to extend these qualitative and quantitative lines of enquiry to individuals facing the dual stigma in other contexts. For example, individuals engaging in different psychological or mental health services or individuals who have never accessed support. It would also be interesting to explore the experiences of stigma and discrimination amongst individuals who are no longer engaging with probation or psychological services. Further exploration may offer additional insight into the experiences of these individuals, establish how lasting these impacts are, and determine how representative the current findings are.

Conducting further research in these areas could provide invaluable information to improve the means of support offered to individuals with forensic histories and mental health difficulties living in the community.

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PRESS RELEASES

LITERATURE REVIEW

The media's portrayal of schizophrenia

Individuals with mental illnesses are often portrayed negatively in the mass media. Despite attempts to reduce the stigma around mental health, schizophrenia continues to be depicted negatively in the mass media, according to new systematic review at the University of Birmingham.

A systematic search was conducted across three electronic databases to review the current literature regarding current portrayals of schizophrenia in the mass media.

Fourteen papers across nine countries (USA, UK, Brazil, Italy, Japan, Greece, Turkey, South Korea, China) were reviewed. Papers were all published in journals in the English language in the last 20 years. During this time there have been worldwide public campaigns against the stigma of mental health and major efforts to improve public understanding of mental illnesses.

The results suggest schizophrenia was negatively portrayed across all nine countries. Overall, the main theme which emerged was the viewpoint that individuals with schizophrenia are dangerous and violent. Incoherence, contradiction, split, and unpredictable behaviour was another theme which emerged across the papers. Findings suggest that schizophrenia is often misused to refer to 'split personality' or to portray individuals with schizophrenia as engaging in unpredictable behaviours. The review revealed that this association with violent and unpredictable behaviour may convey the message that individuals with schizophrenia are different and should be feared or avoided.

Despite the negative depictions, findings suggest a decrease in negative stereotypes over time. This offers some hope that the anti-stigma campaigns are having some effect.

Overall, this review emphasises a need to continue efforts in reducing the stigma towards schizophrenia. Findings also highlight the need for more positive stories about schizophrenia to be published in order to counter the stigma.

EMPIRICAL PAPER

"Get to know me, forget about my past": Stigma and discrimination amongst offenders with mental health difficulties

People with forensic histories and mental health difficulties living in the community experience stigma and discrimination. This could impact negatively on mental health and increase the risk of re-offending, according to new research from the University of Birmingham.

In this study, seven participants with forensic histories and mental health difficulties living in the community were interviewed about their experiences of stigma and discrimination. The study, led by researchers in the University's School of Psychology, is the first to describe the experiences of these individuals.

Participants reflected on the impact of stigma on their self-esteem and self-identity, expressing shame about their offending, feeling worthless and devalued. The findings suggested that participants appeared to experience conflict over their identity and made efforts to distance themselves from the person they were when they committed the crime. Participants all reported feeling betrayed and excluded by others, and also discussed becoming acutely aware of the signs of rejection.

Many chose to conceal their mental illness and their offending history (e.g. from prospective employers). This may be related to feelings of shame, wanting to fit in and concern about negative reactions from others.

Stigma may increase the risk of continued mental health issues and re-offending. Participants discussed choosing to associate with other offenders to avoid being judged and to develop a sense of group membership. Associating with other offenders puts them at risk of re-offending. A few participants also spoke of deciding to behave in ways expected by the negative stereotype. Participants described the negative impact of stigma on their self-worth and social inclusion. Low self- worth and social isolation are both risk factors for mental health difficulties.

Recommendations are proposed to guide future practice and research including provision of individual services, peer support, and support groups specifically focused on managing stigma and discrimination.

APPENDICES FOR VOLUME I

LITERATURE REVIEW

Appendix A: Summary of details assessing the criteria for content analysis studies

Paper 1: Aoki, A., Aoki, Y., Goulden, R., Kasai, K., Thornicroft, G., & Henderson, C. (2016)					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			Total of 4677 published articles.	
2	Was the sample representative?		Three Japanese nationwide broadsheets.		
3	Was the method of classification described and designed?	Coding based on a coding frame used by Goulden et al. (2011). Themes were divided into negative and positive categories from a stigmatisation perspective. Each category was divided into four further categories.			
4	Analytic methods described / justified and appropriate?			Although other analytic methods are appropriately described (Cohen's Kappa, Pearson's Correlation Coefficient, Chi-squared test), the description for Fisher's r-to-z transformation is unclear. Authors discuss using this analysis to examine the difference in correlations	

				between two time periods. It is unclear whether the two time periods are correlated with the ratio and number of years passed (as performed in the Pearson's Correlation Coefficient).	
5	Was the coding of the data reliable?	Inter-rater reliability discussed. One author coded all potentially relevant articles. Another author independently coded 10% of all articles. Reliability check yielded a Kappa score of 0.73 (fair to good agreement).			

Paper 2: Athanasopoulou, C., & Valimaki, M. (2014)					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?		Total of 140 published articles.		
2	Was the sample representative?		First 50 articles of three newspaper websites examined (10 were excluded - three were inaccessible and seven were duplicates).		
3	Was the method of classification described and designed?	Coding based on tool developed by Maglinao et al. (2011). Tool consisted of five categories including year of publication, section article appeared in (e.g. news, entertainment, healthcare), reference (e.g. person, illness, abstract concept), metaphoric or non-metaphoric use, use of metaphoric term (e.g. contradiction/split, dangerousness, oddness).			
4	Analytic methods described / justified and appropriate?	Analytic methods described and appropriate.			

5	Was the coding of the data reliable?		No mention of coders or reliability checks.		

Paper 3: Bevilacqua Guarniero, F., Bellinghini, R.H., & Gattaz, W. F. (2017)					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			Total of 229 published articles.	
2	Was the sample representative?			One national Brazilian newspaper. One main Brazilian print media website.	
3	Was the method of classification described and designed?	Coding based on categories identified in tools developed by Corrigan et al. (2005) and Wahl et al. (2002) (e.g. Science & Health, Crime & Violence, Metaphor). Authors provided four sub-categories for 'Science & Health'. The 'Metaphor' classification was further divided in terms of meaning (e.g. positive or negative/prejudiced).			
4	Analytic methods described / justified and appropriate?				N/A
5	Was the coding of the data reliable?		No mention of coders or reliability checks.		

Paper 4: Boke, O., Aker, S., Aker, A. A., Sarisoy, G., & Sahin, A. R. (2007).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			878 published articles and news reports identified.	
2	Was the sample representative?			Online sites of 12 national newspapers.	
3	Was the method of classification described and designed?			A form was prepared to categorise texts into news reports and articles. Further categories include use of the term ‘schizophrenia’ with reference to the illness or metaphorically. The illness category was sub-divided into negative or positive.	
4	Analytic methods described / justified and appropriate?	Analytic methods described and appropriate.			
5	Was the coding of the data reliable?		No mention of coders or reliability checks.		

Paper 5: Clement, S., & Foster, N. (2008).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			1196 published articles identified.	
2	Was the sample representative?			Five national newspapers (two tabloids and three broadsheet newspapers).	
3	Was the method of classification described and designed?	Articles were rated against indicators of poor-quality reporting on mental health (National Union of Journalists, 2004). These indicators included metaphoric use of schizophrenia terms, use of stigmatising descriptors, use of equating descriptors, not including information putting the risk of violence into perspective, use of the term 'release(d)' in articles referring to discharge from psychiatric hospital.			
4	Analytic methods described / justified and appropriate?			Although other analytic methods are appropriately described (Chi-squared test), the description and aims for	

				Logistic Regression is unclear.	
5	Was the coding of the data reliable?		No mention of coders or reliability checks.		

Paper 6: Dubugras, M. T. B., Evans-Lacko, S., & Mari, J. de J. (2011).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?		75 published articles identified.		
2	Was the sample representative?		One national Brazilian newspaper.		
3	Was the method of classification described and designed?	Articles were divided into two groups; schizophrenia as the main theme of the article and articles about other issues in which the illness was a secondary theme. Primary content categories defined according to the medical aspect focused upon (e.g. diagnosis, symptoms, treatment, personal experience of schizophrenia). Secondary content categories were developed according to the event reported (e.g. committing an act of violence, healthcare reorganisation). Articles were also categorised according to health communication attributes (e.g.			

		accuracy, balance, reliability, understandability; US Department of Health and Human Services, 2000) and indicators of inappropriate coverage (following indicators as defined by Clement & Foster, 2008; National Union of Journalists. 2004).			
4	Analytic methods described / justified and appropriate?				N/A
5	Was the coding of the data reliable?		Coding performed by one researcher.		

Paper 7: Gwarjanski, A. E., & Parrott, S. (2018).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			558 published articles.	
2	Was the sample representative?		Examines one year of news content.		
3	Was the method of classification described and designed?	Articles rated depending on a 'stigmatising frame' (e.g. inclusion of negative statements, acts of violence or crime by an individual with schizophrenia), 'stigma-challenging frame' (e.g. predominantly positive), or neutral (e.g. articles made reference to schizophrenia but did not contain a predominantly negative or positive valence). Articles were also rated on whether it contained stereotypes associating schizophrenia with violence, and interviews with people who experienced mental illnesses.			

		The presence and absence of 'challenge statements' (e.g. reader comments that contest the stigma attached to mental illness) and 'stigmatising statements' (e.g. reader comments reinforcing stigma) were also rated.			
4	Analytic methods described / justified and appropriate?	Analytic methods described and appropriate.			
5	Was the coding of the data reliable?	Two coders (graduate student and a professor of journalism) who received training. Krippendorf's Alpha – Used to determine reliability. Reliability was acceptable for both article variables and commentary variables. Coders rated news articles separately from reader comments in order to minimise accidental influence of the news article on the coder's interpretation of the reader comments.			

Paper 8: Knifton, L., & Quinn, N. (2008).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			319 published articles.	
2	Was the sample representative?		Two national Scottish newspapers.		
3	Was the method of classification described and designed?	In order to identify categories to develop a frame of reference, 10% (31 articles) of the total articles were analysed. Each article was analysed by each researcher to identify key categories linked to the schizophrenia label or an individual experiencing schizophrenia. Actions, properties, characteristics associated with the person experiencing schizophrenia was assessed and placed in broad categories in relation to stigma. Each category was re-analysed using these categories and compared with those used in			

		previous studies. Clear positive and negative categories were integrated to develop a broad frame of reference comprising of core themes each with positive and negative dimensions. Each article was analysed for every content category.			
4	Analytic methods described / justified and appropriate?		No mention of additional analytic methods, however, states P-values for trends and Chi-squared values.		
5	Was the coding of the data reliable?		No mention of coders or reliability checks.		

Paper 9: Magliano, L., Read, J., & Marassi, R. (2011).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			1087 published articles.	
2	Was the sample representative?		22 Italian newspapers with free online search features on their website were included.		
3	Was the method of classification described and designed?	Developed by the authors on the basis of previous literature and a preliminary content analysis of Italian newspaper articles. Articles were classified into categories including the use of the term (metaphoric vs non-metaphoric), the section which the term appeared in (e.g. news, science/ health, culture/ entertainment), the reference (e.g.to a person, illness, abstract concept), the grammar form (noun vs adjective). Metaphoric use was classified further into three categories			

		(e.g. contradiction/split, dangerousness, oddness).			
4	Analytic methods described / justified and appropriate?			Although other analytic methods are appropriately described (Cohen's Kappa, Chi-squared test), the Logistic regression analysis is unclear. The confounding variables which are being managed for in the Logistic regression is unclear.	
5	Was the coding of the data reliable?	Two authors coded the data independently. Cohen's Kappa Coefficient in relation to the categories of the term, the reference, and the type of metaphor indicated an 'almost perfect' agreement (1.0, 0.89. 1.0).			

Paper 10: Owen, P. R. (2012).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			42 characters from 41 films were identified.	
2	Was the sample representative?		Only commercial movies made for theatrical release were included.		
3	Was the method of classification described and designed?	Coding checklist developed by author. Variables were categorised into demographic characteristics, symptoms and stereotypes (e.g. positive/ negative symptoms, unpredictable behaviours, dangerous/ violent behaviours), causation (e.g. environmental, biological, combination of the two), treatment (e.g. psychological, biological, combination). Each movie character meeting selection criteria for schizophrenia was coded on each variable.			

4	Analytic methods described / justified and appropriate?				N/A
5	Was the coding of the data reliable?	Two researchers (author and graduate student) coded the data independently. Cohen's Kappa Coefficient between the two coders ranged from 0.78 ('substantial') to 1.0 ('almost perfect').			

Paper 11: Park, J.-H., Choi, Y.-M., Kim, B., Lee, D.-W., & Gim, M.-S. (2012)					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			490 articles and 257 news segments were identified.	
2	Was the sample representative?		Only newspaper articles and on-air news programmes were included.		
3	Was the method of classification described and designed?	Articles were classified as journalists or non-journalists (e.g. doctors, editorialists) and the topics of the articles and news segments were classified into subgroups (e.g. accident news, health, society, politics). Further categories included whether the term for schizophrenia had been used 'negatively', 'neutrally or positively', 'incidentally' or 'metaphorically'.			
4	Analytic methods described / justified and appropriate?	Analytic methods described and appropriate.			

5	Was the coding of the data reliable?		No specific mention of coders (authors refer to ‘we’). No mention of reliability checks.		

Paper 12: Pingani, L., Sampogna, G., Borghi, G., Nasi, A., Coriani, S., Luciano, M., Galeazzi, G. M., Evans-Lacko, S., & Fiorillo, A. (2018).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			946 articles were identified.	
2	Was the sample representative?		One national newspaper was included.		
3	Was the method of classification described and designed?	Based on Carpiniello et al. (2007) methodology, number of words of the title and text of each article were counted, and articles were categorised into two groups; 'related to mental health' (e.g. specific diagnosis, mental health services, treatment) or 'not related to mental health' (e.g. metaphoric use of the term). Each article was assessed through the use of a 9-item validated questionnaire where each question had a binary answer (yes/no).			

		(Department of Health and Aged Care, 1999).			
4	Analytic methods described / justified and appropriate?		Although other analytic methods are appropriately described (Cohen's Kappa, T- test, ANOVA), the Logistic regression analyses are poorly conducted. The outcome variable in the logistic regression is one question ('Did it reinforce negative stereotypes?'), and all other items in the questionnaire have been inputted as the predictor variable alongside other variables (e.g. year of publication). Results are not all clearly stated.		
5	Was the coding of the data reliable?	Two coders (junior researcher and experienced researcher). The second coder (experienced researcher) performed the			

		same procedure for all articles published in randomly selected years. Cohen's kappa coefficient and Fleiss' guidelines assessed agreement between the two coders. Average value indicated an 'almost perfect agreement'.			

Paper 13: Vahabzadeh, A., Wittenauer, J., & Carr, E. (2011).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?			398 articles were identified.	
2	Was the sample representative?		Newspapers involved in the study were high circulation from predominately urban and industrialised cities.		
3	Was the method of classification described and designed?	Classification based on similar principal category groups as previous schizophrenia-media related media studies (Chopra & Doody, 2007; Duckworth et al., 2003). Categories included education, incidental reference (e.g. without a connection to content about the actual illness), medical and pharmaceutical news, metaphorical use, obituary, charity, medically inappropriate (e.g. negative content towards treatment or psychiatry), and human interest			

		(e.g. schizophrenia as the main focus of article). Human interest was categorised further into advocacy, crime committed by a person with schizophrenia (total), crime committed by person with schizophrenia (murder), crime committed against people with schizophrenia, issues related to poor mental health care, and other. Emotive or stigmatising language was noted for all articles that were reviewed.			
4	Analytic methods described / justified and appropriate?	Analytic methods described and appropriate.			
5	Was the coding of the data reliable?		No mention of coders or reliability checks.		

Paper 14: Yang, Y., & Parrott, S. (2018).					
Criteria		**Yes**	**No**	**Unclear**	**N/A**
1	Was the sample size appropriate?		298 articles identified from eight online news websites.		
2	Was the sample representative?		News articles from selected cultures (China and the USA) and online news media.		
3	Was the method of classification described and designed?	Coding based on frameworks by previous researchers in the field (Angermeyer & Matschinger, 2003; Kim & Willis, 2007; Smith, 2007; Yang et al., 2016; Zhang et al., 2015). Articles coded for demographic information, cause attribution(e.g. individual-level, society-level, equal attribution), problem-solving responsibility attribution (e.g. society-level solution attribution, individual-level solution attribution, equal attribution) , news framing (e.g. thematic framing, episodic			

		framing), source framing (e.g. expert sources cited, non-expert sources cited), stigma cues (e.g. marks, labelling, highlighting dangerousness, social exclusion) or challenge cues (e.g. optimism, social inclusion, hope).			
4	Analytic methods described / justified and appropriate?	Analytic methods described and appropriate.			
5	Was the coding of the data reliable?	Two bilingual coders independently coded articles. Cohen's kappa coefficient performed to assess inter-rater reliability. Value ranged between 0.79 to 0.97.			

APPENDICES FOR VOLUME I

EMPIRICAL PAPER

Appendix B: Ethical approval from University of Birmingham

Dear Miss Izawa and Dr Riley

Re: "Investigating experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community"
Application for Ethical Review ERN_18-1787

Thank you for your application for ethical review for the above project, which was reviewed by the Science, Technology, Engineering and Mathematics Ethical Review Committee.

On behalf of the Committee, I confirm that this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at healthandsafety@contacts.bham.ac.uk.

Kind regards

Susan Cottam
Research Ethics Manager
Research Support Group

Appendix C: Ethical approval from the participating service

Service logo removed

Research Centre

Research Centre

Address, Email address and telephone number removed

E:

T:

31 May 2019

Dear Erika

RE: 105_Investigating experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community.

I am pleased to advise that we are now able to give conditional approval for you to conduct your research study at Service name removed **This approval is subject to us receiving evidence of a favourable opinion from your University Research Ethics Committee.**

The clinical lead for this project is Dr James Fowler, Principal Forensic Psychologist. Please liaise directly with them, in regard to the on-site management of the project. It is also advisable to liaise with your clinical lead during the development of project materials, such as patient information sheets and consent forms (if not provided at project registration).

Roles & responsibilities

Role	Who
Principle Investigator	Erika Izawa
Sponsor	University of Birmingham
Funder	Service name removed
Clinical research advisor/clinical lead	Dr James Fowler
Data controller	University of Birmingham
Data processor	Erika Izawa
Ethics review	TBA (Final approval conditional on ethical approval)
Authorship details	TBA

Next steps

1. You will need to secure ethics approval; please email a copy of the favourable opinion to me Email address removed
2. Please also forward any study documentation that might have been amended following comments from Louise Millard.

Expectations

In relation to research conducted at Service name removed , you will be required to:

- Update the department on a regular basis – specific schedule to be agreed, but not less than once a quarter
- Comply with Removed policies & procedures
- Follow authorship good practice, as shown over

Project completion
On completion of your study, we require:

- An executive summary report of the research
- A copy of the final report
- Your Removed affiliation to be referenced in any publications relating to this research, including journal articles, posters and conference materials. Please use the following wording: [insert title e.g. Visiting Researcher], Research Centre, Service name removed
- Updates about dissemination activities; including conference presentations and publications in peer-reviewed journals – please see Authorship Good Practice below
- You may also be invited to present the results of your research to a wider audience within

Authorship good practice

It is good practice to discuss and agree the expected roles, contribution and responsibilities, including authorship of all collaborators, at the very start of the research process. This includes the appropriate recognition of any substantial intellectual contribution of members of the Research Centre at Removed such as:

- Conception or design of the work
- Acquisition, analysis or interpretation of data for the work
- Drafting the work or revising it critically for important intellectual content
- Final approval of the version to be published

Yours sincerely

Lucy Lee
Research Administrator

Copied to:

Dr James Fowler Service name removed
Dr Gerard Riley (University of Birmingham)

Service details removed

INVESTORS IN PEOPLE

Appendix D: Ethical approval from the participating service

From: Rico, Johnny <Johnny.Rico@[Email address removed]>
Sent: 19 August 2019 10:04
To: Erika Izawa <EIzawa@[Email address removed] James Fowler <JCFowler@[Email address removed]
Subject: RE: [Service names removed] Research Enquiry

Thanks, Erika,

Please save this email as your approval for research.

If you need to speak to Probation Officers, or service-users not in the mental health programme, let me know and we can work on the best way forward.

Good luck!

Appendix E: Proof of indemnity from the participating service

Willis Towers Watson

Willis Towers Watson
Willis Limited
1410 Arlington Business Park
Theale
Berkshire
RG7 4SA

01 August 2018

TO WHOM IT MAY CONCERN

Dear Sirs

As Insurance Brokers to [Service name removed] & Subsidiary Companies we are writing to confirm that our client holds the following policies:

Employers' Liability Primary

Insurer:	MS Amlin Underwriting Ltd
Policy Number:	UEE2308618ZB
Period:	01 August 2018 to 31 July 2019 (both days inclusive)
Limit of Indemnity:	£10,000,000 any one occurrence reducing to £5,000,000 any one occurrence in respect of Terrorism

Public / Products Liability Primary

Insurer:	MS Amlin Underwriting Ltd
Policy Number:	UTB2308718NB
Period:	01 August 2018 to 31 July 2019 (both days inclusive)
Limit of Indemnity:	£10,000,000 any one occurrence and in the aggregate with regards to Products
Excess:	£25,000 each and every occurrence When the annual aggregate limit of £500,000 is exceeded, the excess shall reduce to £500 each and every occurrence

Medical Malpractice

Insurer:	MS Amlin Underwriting Ltd
Policy Number:	UYB2308818DB
Period:	01 August 2018 to 31 July 2019 (both days inclusive)
Limit of Indemnity:	£10,000,000 any one claim and in the aggregate
Excess:	£100,000 each and every Claim

Professional Indemnity

Insurer:	MS Amlin Underwriting Ltd
Policy Number:	UYB2308818DB
Period:	01 August 2018 to 31 July 2019 (both days inclusive)
Limit of Indemnity:	£5,000,000 any one claim and in the aggregate
Excess:	£100,000 each and every Claim

Willis Limited, Registered number: 181116 England and Wales. Registered address: 51 Lime Street, London, EC3M 7DQ. A Lloyd's Broker. Authorised and regulated by the Financial Conduct Authority

Willis Towers Watson

This letter is provided as a courtesy to our client as a matter of information only and confers no rights on the holder. Our duties in relation to this insurance are to our client and we accept no duty of care or responsibility to you or any other third party and any liability to you or any third party is excluded. This letter does not amend, extend or alter the coverage afforded by the policies, nor does it purport to set out all of the policies' terms, conditions and exclusions. The policy terms, conditions, limits and exclusions may alter after the date of this document or the insurance may terminate or be cancelled, and the limits shown may be reduced by paid claims. We have no obligation to advise you of any changes which may be made to the policies or to advise you of their cancellation or termination.

Signed on behalf of Willis Towers Watson

Daniel Radford, Cert CII
Client Service Executive

Authorised Signatory

Are you a victim of mental health stigma?

Do you feel that you are treated differently because of your mental health and/or offending history?

Stigma is when someone views you in a negative way because you have a distinguishing characteristic that is thought to be or is, a disadvantage.

Logo of specialist mental health charity removed

UNIVERSITY OF BIRMINGHAM

Investigating experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community

What is this research about?

[redacted] and your voice.

[redacted]

Why is this research taking place?

[redacted]

What do I have to do?

[redacted]

Will my taking part be kept confidential?

[redacted]

Please contact your [NAME OF SPECIALIST MENTAL HEALTH CHARITY] psychologist

Appendix G: Consent to contact form

Logo of specialist mental health charity removed

UNIVERSITY OF BIRMINGHAM

Version: V3.0

Study Number:

Participant Identification Number:

CONSENT TO CONTACT FORM

Title of Project: **Investigating experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community**

Researcher: Erika Izawa
Under supervision of:
Dr Gerard Riley (University of Birmingham)

Please initial each box if you agree:

1.

2. I confirm that I have been provided a summary outlining the above study. ☐

3. I have understood the information and agree to be contacted to receive further information about the study by the researcher. ☐

Please contact me on the following:

Phone Number: …….

Preferred time of contact: AM/PM

(Please delete as applicable)

.....	.....	.....
Name of participant	Date	Signature
.....	.....	.....
Person Taking consent (if different from researcher)	Date	Signature
.....	.....	.....
Name of Researcher	Date	Signature

When completed, 1 copy for client and 1 for researcher site file

Appendix H: Participant information sheet

Logo of specialist mental health charity removed

UNIVERSITY OF BIRMINGHAM

PARTICIPANT INFORMATION SHEET (v3.0)

Title of Project: **Investigating experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community**

Researchers: Erika Izawa
Supervised by: Dr Gerard Riley (University of Birmingham)

We would like to invite you to take part in our research study. Before you decide, we would like you to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others and your care team if you wish. Please ask us if there is anything that is not clear or you would like more information. Take time to decide whether or not you wish to take part in this study.

The University of Birmingham is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The University of Birmingham will keep identifiable information about you for 10 years after the study has finished. Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

You can find out more about how we use your information at
https://www.hra.nhs.uk/information-about-patients/

- **What is the purpose of this research?**

This research is being conducted as part of the academic requirements for a Doctorate degree in Forensic Clinical Psychology. It aims to investigate, via interview, your experiences and perceptions of stigma and discrimination while you have been living in the Community. It will look at what stigma and discrimination means to you, whether you have experienced any challenges or barriers and the emotional, behavioural, cognitive and social impact on you. It is hoped that the results of this study can be used to develop a more effective development of services and support collaborative working with multidisciplinary teams; offering a more appropriate individualised assistance and support in the future.

- **Do I have to take part?**

It is up to you to decide to join the study. We will describe the study and go through this information sheet, which we will then give to you. Following this, we will ask you to sign a consent form to show you have understood the purpose of this study and you agree to take part. You will have two weeks from signing this consent form to contact the research team if you choose to withdraw from the study. If you withdraw after these two weeks, your information

will still be used in the study. You do not need to give a reason for withdrawing from the study. All your identifiable information will be concealed.
Your decision to take part, withdraw or not to participate will not affect the standard of care you receive.

- **What will happen to me if I agree to take part?**

If you decide to participate, your involvement in the research will be for a one-off interview. The researcher will arrange a convenient time to you at your probation office. You will be met and interviewed by the researcher. On average, the interview will last between 45 and 75minutes. Before and after the interview, you will have an opportunity to ask questions about the research. Do not feel limited in time to ask these questions. Consent will be asked for before your interview and verified at the time of your interview. The use of the information from the interview will be confirmed at the beginning and at the end of the interview.
Care will be taken to make the interview as comfortable as possible for you. In the event that you become distressed, a break will be provided and then you will be given the option to discontinue the interview. A debriefing process will follow the interview and contact numbers for appropriate support services will be made available to you.

- **Will my taking part in the study be kept confidential?**

Yes. The interview will be recorded and transcribed. We will follow ethical and legal practice and all information about you will be handled in confidence with any identifying information concealed. All information which is collected during the course of the research will be confidential unless, in the interviewer's judgement, you are at risk of harm to yourself or others. In addition, if you disclose previously unreported criminal acts, it will be necessary to break the confidentiality and these criminal acts will be reported after the interview has ended.
The recorded data will be assigned a number for research purposes only and will be stored on an encrypted memory stick and University servers. No personal information will be stored so that the data cannot be identified. Direct quotes from your interview data may be shared with other Trainee Psychologists as part of the analysis support group. Direct quotes may also be used in the research, however, in both situations these quotes will remain anonymous and nothing that could identify you will be used.
The paper records collected during the study will be stored in a locked, secure cabinet at the University of Birmingham. The electronic data collected during the study will be stored on the password-protected University of Birmingham computer system. The electronic data will also be stored on an encrypted USB memory stick and the chief investigator's password protected laptop which is only accessed by the chief investigator.
Only the researcher and two research supervisors will have access to the data. If you withdraw from the study within two weeks of providing consent, we will destroy your identifiable data and we will not use the data collected up to your withdrawal. If you withdraw from the study two weeks after you have provided consent, your data will still be used.

- **What happens if I disclose something of concern?**

If you disclose information that raises concerns about your safety, the safety of others or a previously undisclosed criminal activity, your probation officer and clinical team will be informed.

- **Expenses and payments**

We cannot pay you for taking part in the study, but as a thank you for your time, you will be given money to cover your travel costs and sustenance expenses. The maximum reimbursement is £10.

- **What will happen to the results of the research study?**

The findings will be written up as part of the researcher's forensic clinical psychology doctorate degree. It is hoped that the information we get from the study will help develop a better understanding of your experiences of stigma and discrimination and what this means to you. This will hopefully assist in the ability to offer a more appropriate individualised assistance and support in the future.
A written of the summary of the research will be made available to you upon request, however, individual results will not be discussed.
As well as being submitted as part of an educational qualification, it is intended that the results of the study will be published in scientific journals. You will not be identified in either educational report ort the publication.

- **What happens if I have any further concerns?**

If you have any concerns about taking part, we encourage you to talk to other people you are close to about it, or contact the research team. Remember, you do not have to take part – your care and treatment will stay the same no matter what you decide.

If you would like to discuss any aspect of this research please contact:

Email:
CONTACT DETAILS REMOVED
CONTACT DETAILS REMOVED (Supervisor)

Post:
Erika Izawa, ADDRESS REMOVED
Dr Gerard Riley, ADDRESS REMOVED (Supervisor).

- **Who can I talk to if I need support after taking part in the research study?**

If following the interview and debriefing process you require further support, please discuss with your clinical team and/or your probation officer.
In addition, these services may be helpful:

  - ***GP Surgery***
    You can contact your GP if you are in distress, there will be an out of hours or emergency number on their answer machine.

  - ***Samaritans: 116 123***
    The Samaritans provide confidential non-judgemental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

  - ***Crisis: 0300 636 1967***
    The National Charity for single homeless people
    enquiries@crisis.org.uk

  - ***PAPYRUS: 0800 068 4141***
    Young suicide prevention society (Under 35)
    www.papyrus-uk.org

Appendix I: Consent form

Logo of specialist mental health charity removed

UNIVERSITY OF BIRMINGHAM

Version: 3.0

Participant Identification Number:

CONSENT FORM

Title of Project: **Investigating experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties living in the community**

Researcher: Erika Izawa
Under supervision of:
Dr Gerard Riley (University of Birmingham)

Please initial each box if you agree:

1. I confirm that I have understood the information sheet dated ..... (version ...) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I can stop at any time, without giving any reason, without my own medical/social care or legal rights being affected. ☐

3. I understand individuals authorised by the University of Birmingham or [NAME OF SPECIALIST MENTAL HEALTH CHARITY REMOVED] to conduct a research audit may also look at the data collected. I give permission for these individuals to have access to my records. ☐

4. I agree for the researcher to obtain my demographic data summarising key information (e.g. age, ethnic background, index offence, sentence type and length) from my psychologist for the purpose of this study. ☐

5. I agree to my psychologist and probation officer being informed if I become distressed during the study. ☐

6. I agree to the recording of the interview for the purpose of this study. ☐

7. I agree to the use of the interview transcripts for the purpose of this study. ☐

8. I agree for the use of quotes from my interview in disseminating the findings. ☐

9. I understand that I have two weeks from signing this consent form to withdraw from the study. I understand that following this time period, my information will be used for research. ☐

10. I understand that the data collected during this study will be looked at by the researcher and relevant others at the University of Birmingham to ensure that the analysis is a fair and reasonable representation of the data. ☐

11. I understand that all data (paper and electronic) will be kept in line with the arrangements as outlined in the Participant Information Sheet. I understand that all data will be stored in line with the University of Birmingham regulations and policies as outlined in the Participant Information Sheet. I agree to the storage of my data collected during the study. ☐

12. I understand that my psychologist and probation officer will be informed if I disclose information that raises concerns about my safety, safety of others or a previously undisclosed criminal activity. ☐

13. I agree to take part in the above study. ☐

14. I would like a summary of the overall findings following the completion of the study. ☐

.....	.....	.....
Name of participant	Date	Signature
.....	.....	.....
Person Taking consent (if different from researcher)	Date	Signature
.....	.....	.....
Name of Researcher	Date	Signature

When completed, 1 copy for client and 1 for researcher site file

Appendix J: Amendments made due to Coronavirus

Changes in Methodology	
Type of change made	**Details of changes & Reflections** *(Reflections of the impacts of these changes have been described in italics)*
Amendments to Ethics	Amendments were sought through all relevant parties (e.g. University ethical committee, research centre, research department) in order to include the use of online platforms and phone calls to conduct interviews.
Interviews conducted via online platform	Due to Coronavirus restrictions, probation offices (where the interviews were being held) were closed, therefore the last two interviews were conducted over an online platform. This online platform was chosen as both the community-based psychology service and probation service utilise this platform to engage with individuals as part of their adapted Coronavirus delivery. Therefore, participants were familiar with the use of this platform. *I wondered how this might impact on building a rapport with the participant during the interviews and how comfortable they would feel in discussing sensitive matters over this online platform.* *During both interviews, participants described meeting on online platforms as the 'new usual', thus the online nature of the interviews did not appear to hinder their engagement and I was surprised at how quickly I was able to develop a rapport with both participants. I wondered whether this was aided by the participants familiarity with online platforms, particularly, as the interviews were held*

	10 months after the services moved to a remote way of working.
Changes in recruitment time frame	Due to the probation offices being closed and without clarity regarding when offices were forecast to open again, participant recruitment was paused between March 2020 and September 2020. There was also uncertainty amongst services regarding service delivery and how this could be facilitated during Coronavirus. *As recruitment was 'on hold' for 6 months, I was initially concerned that I would struggle to recruit enough participants for the study. I was also concerned with how this would impact on data analysis and my write-up. Although I was informed that 5 participants would be a sufficient number for IPA analysis given the impacts of Coronavirus, I was keen to recruit between 6-10 participants (as recommended for IPA and other phenomenological analysis), therefore once recruitment re-commenced, my timeframe for recruitment was extended in order to recruit further participants.*

Appendix K: Semi-structured interview guide

Logo of specialist mental health charity removed

UNIVERSITY OF BIRMINGHAM

Version 4
Date: 14/03/19
Amended: 12/08/19

Semi-Structured Interview Suggested Guidelines & Questions

This interview will be conducted in order to explore experiences of stigma and discrimination amongst individuals with forensic histories and mental health difficulties who live in the community. The topics that the participants will be asked about will focus on the individual's experiences of being a victim of stigma and discrimination, behavioural responses to the victimisation, the emotional impact on the individual and methods of coping with the stigma and discrimination. The way in which these topics will be asked about will vary per individual.

Introduction to Participant

I am currently doing my doctorate in forensic clinical psychology. I am sponsored by [NAME OFSPECIALIST MENTAL HEALTH CHARITY REMOVED]*. One of the requirements for course includes conducting a research project as well as completing placements. My experience before starting this course is assessing and providing short-term psychological intervention for individuals managed by Probation as part of the* [NAME OF PSYCHOLOGY SERVICE REMOVED]*. I worked in this role for 3 years; 1.5 years in* [NAME OF LOCATION REMOVED] *(assessing individuals for mental health need pre-sentence and providing mental health support as part of their court requirement) and 1.5 years in the* [NAME OF PSYCHOLOGY SERVICE REMOVED] *(post-sentence).*

Scene Setting

This interview is being conducted to investigate experiences of stigma and discrimination in the community. I am particularly interested in finding out from you, your thoughts and experiences of stigma and discrimination and how it might be

currently impacting on your life. This topic is incredibly important, however, is currently an under-researched area. I am passionate about ensuring individuals are given equal opportunities regardless of their past or background. I hope that this research will enable more appropriate individualised assistance and effective adapted support to be offered.

If at any point during this interview you do not wish to answer a question, you do not have to answer the question and there will be no negative consequences. If you would like a break, please let me know and this will be facilitated. During the interview, if information of concern arises, this might be shared with your Probation Officer or the Psychologist who you are working with.

Possible Introductory Questions

- Can you tell me a little bit about yourself?
  (Prompt: Where did you grow up?, Relationship with family, Current living situation, Employment)
- What is your offence?
- How long is your sentence?
- What support are you receiving from [NAME OF PSYCHOLOGY SERVICE REMOVED]?

Agreeing an understanding of what stigma and discrimination are

- What do you understand by the words 'stigma' and 'discrimination'?
  (e.g. like racism or sexism what do you think is going on there?)

This is our shared understanding of stigma/discrimination… (Summarise individual's understanding)

Stigma and Discrimination in the Community

- What are your experiences of stigma or discrimination?
  Are there some particular examples you could describe to me when you been on the wrong end of stigma and discrimination?
- Description: Can you describe what happened?

- Emotional Impact: e.g. How did that make you feel?
- Making sense of it: e.g. What do you think was going on?
  Why was X behaving like that to you?
- Coping: e.g. How did you respond?
  What did you do?
  How did you deal with those feelings it stirred up in you?

Some people have described experiencing problems with:

- Family Relationships
- Romantic Relationships
- Employment (disclosing criminal offences)
- Finding Accommodation
- Accessing physical health/mental health support
- Friendships
- Online/Media Reactions
- Reactions from the general public

Have any of these happened to you?

(prompt: How did you make sense of it? How did it make you feel?)

<u>General Impact</u>

(Summarise and Recap particular incidents discussed)

- Overall, what impact do you think stigma and discrimination like this have on you as a person:
  - What is the emotional impact?
  - How does it make you feel about yourself?
  - How does it impact on how you behave with other people?
- How do you try to deal with these negative impacts?

<u>Questions regarding the future</u>

- How are you finding the [NAME OF PSYCHOLOGY SERVICE REMOVED]?
- Do you feel like you are moving in the direction you desire?

Closing Questions

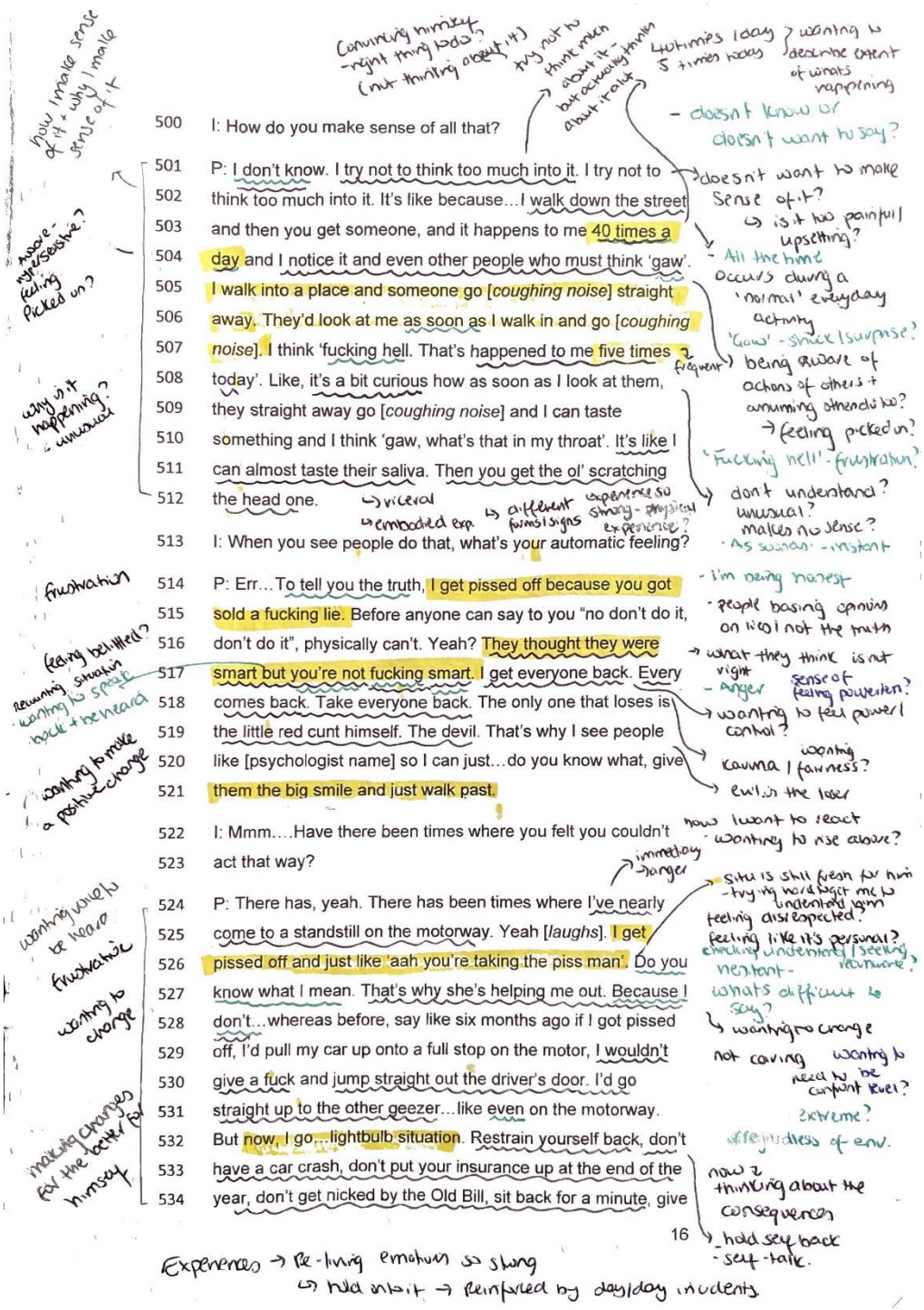
- Is there anything else you would like to tell me about your experiences?
- How has it been talking to me about your experiences and perceptions?
- Is there anything you have told me today that you would rather I did not use when I write up in this research?

Debrief

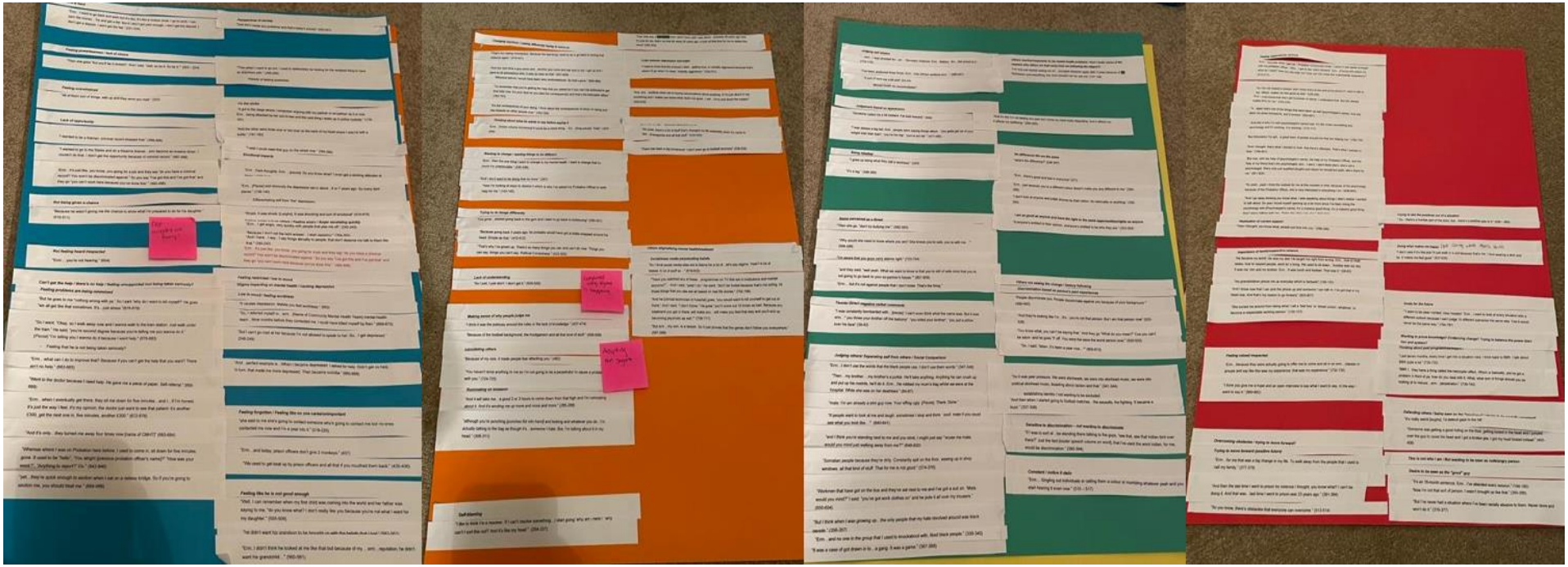
Provide explanation of what happens next:

- *Transcription*
- *Can withdraw data within next 14 days by contacting researcher*
- *Research will be written up*
- *Anonymity of data*
- *Ask if participants would like a summary of findings*

Appendix L: Example of annotated transcript from participant 1
(On the right margin: black pen denotes descriptive comments, green pen denotes linguistic comments, and blue pen denotes conceptual comments.
On the left margin: Possible emerging themes)



Appendix M: Example of emerging themes which were identified and grouped from participant 1. Quotations were initially grouped to form key ideas.



Emerging Themes	Sub Themes	Key Ideas
"it's not a nice world we live in"	• Helpless/ worthless • Lack of fairness / Victim role • Feeling angry	• Life is hard / Nothing is enough / Lack of choice / Feeling powerless by the system / It's personal / Lack of community / No-one cares • Importance of the truth / Unfair / Feeling like the victim • Feeling held back / Feeling restricted / Fed up / Not feeling heard / Being let down / Disrespected
"There's no difference"	• "Being judged by a book by it's cover" / Feeling under threat • Adopting the stigma / Self- stigma • Comparing self to others	• Being seen as different / Judgements based on appearance / Feeling threatened by the judgements / Opinions are not facts / Documents stating something he's not • How he thinks others see him / Being seen as dangerous / Hyper-sensitive / Can't escape the judgements / Feeling isolated / Embodied experiences • Judging others / social comparison / Everyone's built the same
"It's all I can do"	• Changing his reactions • Justifying and accepting the stigma	• Wanting to retaliate but not / Feeling worried / Trying to avoid being seen as a "bad person" / Feeling low in mood / How he reacts to others / Avoid thinking about it • Acceptance of situation / Why this has happened / Feeling sad
"Things work out their way in the end"	• Moving forward / Hope for the future • Seeking connection / Seeking approval	• Trying to move forward / Keeping head up / Hope / Belief / Importance of family • Wanting to be seen as a "good" guy / wanting to be seen as socially desirable / desire for approval

Appendix N: Example of grouping themes across participants