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Meghan Webb

mwebb3@conncoll.edu

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The Image of Schizophrenia in Spain's Healthcare System

Meghan Webb

Department of Psychology, Connecticut College

CISLA Senior Integrative Project

Professor Joseph Schroeder

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Abstract

Schizophrenia affects thousands of people in Spain and is one of the most serious mental health disorders in existence. Despite its this characteristic, schizophrenia did not always get the proper attention it deserved within the country's healthcare system. This was largely due to the influence that the Spanish government had, and continues to have, over the healthcare system, giving it the power to choose how the disorder was represented. Therefore, what does that mean for schizophrenia in Spain's healthcare system today? This essay will explore the ways in which schizophrenia was represented in Spain's healthcare system through an examination of the government's attitudes towards the disorder during the second half of the 19th century, the Era of Francisco Franco, and today, as they were reflected in the available treatment methods of the time. Although the image of schizophrenia in the Spanish healthcare system has improved greatly and reveals less stigma within the government, there is still work to be done to improve it further.

Introduction

Schizophrenia has been a widely recognized mental health disorder for over a century, yet despite the long duration of its existence, it remains to be fully understood. Early contributions to our understanding of the disorder came from Emil Kraepelin and Paul Eugen Bleuler. Kraepelin dedicated himself to the research of psychosis and presented numerous influential ideas. One of which focused on the robust relationship between emotions and sensory perception because external and internal stimuli – specifically the “mental images” – can prompt emotional responses that can serve as an indicator of one’s mental state (Engstrom, 2016). Another more famous example is his statement on the symptoms of mental illness, suggesting that each one does not have distinct, individual symptoms that distinguishes one from the other, but rather characteristic combinations of symptoms (Ebert & Bär, 2010). These ideas hinted at schizophrenia’s ability to greatly alter the ways in which its patients perceive and process reality as well as its symptomatic patterns to identify when diagnosing a patient. Kraepelin laid the groundwork for further research by scientists such as Paul Eugen Bleuler. Through clinical observations, Bleuler saw a deterioration or “split” in the psychological functioning of his patients as the disorder progressed, which contrasted with the ideas of Kraepelin that formed his term “dementia precox” that served as schizophrenia’s original name (Ashok et. al., 2012). It was the idea of splitting that prompted Bleuler to give the disorder its name that is still used today.

The work of Kraepelin and Bleuler not only helped scientists to create a definition for schizophrenia, but also helped them understand the disorder’s complexity; they were not only able to allude to key symptoms such as hallucinations, delusions, and disorganized thinking, but also noted that schizophrenia does not affect patients in the same way. Today schizophrenia is known as a disorder that warps one’s perceptions of reality and behavior through characteristic symptoms such as hallucinations, delusions, and disorganized speech, thinking, or motor

coordination; social withdrawal; and the absence of speech or motivation. While there is now a recognized list of symptoms for schizophrenia, it does not make the diagnostic process easier. In fact, it is quite an onerous task because there are multiple factors to consider. Among the primary ones, which Kraepelin discovered, is the specific symptoms that patients demonstrate. According to the DSM-5 (American Psychiatric Association, 2013), “the diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning” and that “individuals with the disorder will vary substantially on most features, as schizophrenia is a heterogeneous clinical syndrome”, signifying that not all patients show the same symptoms nor are affected by the disorder in the same manner. Frith (1992) provides excellent examples of this phenomenon through several case studies of his former patients. For example, Frith (1992) describes his observations of a patient under the pseudonym PL:

PL first entered the hospital at age 22. He had been previously taken to prison after a violent attack on his father, whom he believed to be the devil. During the preceding few weeks PL had become withdrawn and perplexed, making reference to religious themes. At interview PL described a mass of psychopathology. Abnormalities of perception were described, ‘Everything was very loud. I could hear the ash of the cigarette it went boom boom. When I threw the cigarette on the floor it went thundering down.’ Isolated words and auditory hallucinations of water pouring out were present day and night, and PL described himself as holding his head a few inches off the pillow to alleviate this. He was sure he had been hypnotized by unknown persons and that this had caused him to believe that his father was the devil. Olfactory and tactile hallucinations were also present, and in particular all his food ‘tasted the wrong way round’. He believed he had ‘been crazy’ and

feared that he still was. He described with a measure of distress his loss of emotional response to things and people around him (page 1).

Frith (1992) then goes on to describe another patient who bore the pseudonym HM:

HM, aged 47, was a plump, pleasant woman, with an easy social manner. One year before her admission, she had begun to divorce proceedings, but her husband died before these plans came to fruition. The proceedings were prompted by HM developing the idea that a colleague from work had an interest in her, and that this man had enlisted the aid of groups of people who observed her. He also organized radio personalities to make reference to their liaison. HM described this surveillance as due to both paranormal and physical forces and believed it to be protective; but she has at times been fearful and was concerned that a carving knife was missing from her home and that she was followed by private detectives. These ideas had continued unabated despite having no contact with the man concerned for the preceding year. HM was admitted and rapidly transferred to day care. She clung to her ideas and was still in day care eight months later (page 3).

The case studies of PL and HM show that they both experienced positive symptoms, which are characteristics that arise in the patient even though they should not be there. Both PL and HM demonstrated a certain degree of hallucinations and delusions that altered their thoughts and perceptions that influenced their behavior as a result. PL showed multiple types of sensory hallucinations in addition to delusions that lead to his extremely violent behavior towards his father. HM is different in this regard as she demonstrated only delusions related to romance and stalking that lead her to become paranoid instead of violent.

PL and HM lack negative symptoms, which are another key feature of schizophrenia.

Negative symptoms differ from positive symptoms because they reduce the presence of

behaviors that a healthy individual should have. Some examples of these types of symptoms are lack of social interaction, speech, motivation, appropriate motor control, and personal hygiene. While the cases of PL and HM were dominated by positive symptoms, there are cases where negative symptoms are the most prominent as the following case study shows:

The 23-year-old female patient visited the Institute of Rare Diseases at our university with her parents...The patient was quiet and restrained since she did not speak much, her parents told us her story instead. Initially, the patient had done very well in a bilingual secondary school and was socially active with friends and peers. At the age of 15 years, her academic performance started to deteriorate, with her first problems associated with difficulty learning languages and memorizing. Her school grades dropped, and her personality started to gradually change. She became increasingly irritated, and was verbally and physically hostile toward her classmates, resorting to hitting and kicking at times. She was required to repeat a school year and subsequently dropped out of school at the age of 18 because she was unable to complete her studies. During these years, her social activity greatly diminished. She lived at home with her parents, did not go out with friends, or participate in relationships. Most of the time she was silent and unsociable, but occasionally she had fits of laughter without reason. Once the patient told her mother that she could hear the thoughts of others and was probably hearing voices as well. Slowly, her impulse-control problems faded; however, restlessness of the legs was quite often present (Molnar et. al., 2020, pages 1-2).

The 23-year old patient exhibited many negative symptoms that affected the relationships she had with others and her performance in school. One of the most glaring negative symptoms that the patient had is social withdrawal because she refuses to interact with her peers at school, often

being physical with them and directing hurtful words at them as a sign that she is not interested in interacting with them. Another was her lack of interest in partaking in activities with friends or continuing the relationships that she built with others, leading her to reduce the time that she spent outside of her house. She also experienced a significant decline in her academic performance, signifying a decline in motivation. Lastly, the fact that she could not tell her story herself was indicative of poverty of speech and her restless legs meant that she had issues with motor control.

The cases of PL, HM, and the 23 year-old female show a different array of symptoms and behaviors as a result, thus supporting the statement in the DSM-5 that states that not every case of schizophrenia is the same. Despite the behavioral differences in the three patients, many people around the world are unaware of this characteristic due to the many misconceptions associated with schizophrenia. A common misconception is centered around a characteristic that PL demonstrated: violence. It is often believed that schizophrenia causes patients to become incredibly violent. While there have been cases where this occurs, it is only relevant to a handful of cases. In a meta-analysis on schizophrenia patients and the likelihood of a violent outcome, Whiting et. al. (2022) examined 24 studies from various countries that featured cases in which people with schizophrenia were arrested and charged for their violent ways. From their analysis, they discovered a correlation between schizophrenia and violence. However, each of the 15 countries represented in the meta-analysis yielded very few cases where this behavior occurs, with the United States with 5 cases - the most reports from a country in the study - and Australia, Austria, Canada, Czech Republic, Egypt, Ethiopia, Germany, New Zealand and the United Kingdom with only 1 report. A similar phenomenon was seen in Brazil, where the few cases of violence enacted by a patient with schizophrenia created the distorted view that the public had

about the disorder (Guarniero et. al., 2017). While it is true that some patients with schizophrenia perform acts of violence and criminal activity, not every patient embodies those qualities. This also holds true with other common beliefs, such as patients with schizophrenia cannot live or work independently nor can they acquire appropriate social skills (Schizophrenia Society of Canada, n.d.).

Like many misconceptions of other mental health disorders, ignorance is a key factor behind those about schizophrenia. It is this lack of information that causes people to be steadfast about their inaccurate beliefs and prevents them from improving their understanding of the disorder. Consequently, it has contributed greatly to the heavy stigma that schizophrenia bears in various countries, including Spain. In a study by Ruiz et. al. (2012), approximately half of the participants from Madrid and Seville were unable to name any symptoms of schizophrenia, and many within this group named aggression and violence as a symptom. Moving over to the autonomous community of Extremadura in southwest Spain, many people in the city of Badajoz perceived people with mental health disorders, including schizophrenia, as unpredictable and experienced an array of negative emotions towards that specific population (Mogollón-Rodríguez et. al., 2014). The beliefs of the participants in both studies speaks to their level of knowledge about schizophrenia and the stigmatizing stereotypes they hold as a result, thus showing the significance of the stigma that exists within the country. Fast forward about 10 years and stigma towards schizophrenia still remains a significant issue because of ignorance and stereotyping, even after the Covid-19 pandemic increased awareness on the gravity of mental health issues (Zamorano et. al., 2023).

Stigma towards schizophrenia is an issue that has existed among Spain's general public for decades, though it is not exclusive to this population. Not only has schizophrenia been

stigmatized within sectors such as the medical field, but it has also had a tight grasp on the Spanish government. As the most powerful facet in the country, the Spanish government has influence over many of the country's components, including the healthcare system. The power that the government has in the healthcare system is a double-edged sword. On one side, the government can use its power to address current, serious health-related issues that affect the general public. However, on the other side, it can also choose how it addresses various physical and mental health disorders, which is where it often reveals stigmatizing attitudes towards a specific condition and causes treatment to suffer as a result. Schizophrenia is no stranger to this treatment. Hundreds of years ago, patients with schizophrenia were persecuted within care facilities because the government believed they put society in danger. However, the passing of the centuries brought new knowledge of schizophrenia and drastic changes to the government's views on the disorder, which changed its image in the healthcare system for the better. In this paper, I will analyze how schizophrenia is addressed in Spain's healthcare system and how that relates to the government's attitudes about the disorder from the past and present. I will explore the treatment options and the level of government intervention in improving conditions for patients with schizophrenia during the second half of the 19th century, the Spanish Civil War, and the Era of Franco, as these periods were critical moments in Spain's history. I will then continue to compare those characteristics with those of the modern era to examine what the government has done well to improve schizophrenia's image and what remains to be improved.

Schizophrenia's Image Throughout Spain's History

In order to better understand schizophrenia's current image in the Spanish healthcare system, we must first consider how the disorder was addressed in the past. Throughout many critical periods of Spain's history, schizophrenia received intense stigmatization from the

government from their unwillingness to learn about the disorder and to improve treatment options for patients. It quickly arrived to the point where patients were no longer considered human beings, which led to a lonely and miserable life for them. This was a typical lifestyle for patients who were kept in asylums during the 19th century. Completely isolated from the rest of society, patients lived in condemnable conditions every day. Not only did the facilities fail to maintain an adequate level of cleanliness, but their structure was often in questionable condition and they held more people than they had the space and resources for. Consequently, it was not uncommon for patients to die from illnesses and severe health conditions such as encephalitis, fever, gangrene, tuberculosis, and gastrointestinal infections among many (Livianos-Aldana et. al., 2001).

The Santa Isabel Madhouse is a prime yet interesting example of the typical squalor of asylum living. Founded right outside of the main city of Madrid, it was one of the many asylums that received financial support from the government. The distinguishing factor was that the Santa Isabel Madhouse was a part of the plans that Queen Isabel II had to revolutionize the mental health system under the Benevolence Act of 1822, which aimed to treat patients in a more humane way (Villasante & Dening, 2003). While it seemed as though the new asylum was going to bring about great change to the mental health system, it made no progress. From the very beginning of its existence, the Santa Isabel Madhouse demonstrated numerous issues. In an archival research report by Villasante & Dening (2003), a new hospital building was never constructed for the asylum. Rather, the government used the former home of Spain's Dukes of Medinaceli as the base of the asylum, which already made the asylum unfit to care for patients. Villasante & Dening (2003) also states that since the time of the Dukes' stay, the structure of the building suffered greatly and was something that the government never repaired, leaving "cracks,

peeling and general deterioration” in the patient rooms and other asylum services. Aside from the physical structure of the building, the sanitary level was no better. In a letter from the former councilor of the asylum, they described the squalor that they have seen around the establishment and expressed deep concern for the health of the patients (Villasante et. al., 2016):

It is usually always in a lamentable state that, connected to the bad odors that emanate from it, especially in the summer, makes the atmosphere truly unbreathable...Another important defect and inconvenience that one must keep very much in mind is the rats; [the patients] find those giant and abundant rodents in the aforementioned septic drain that is very appropriate and favorable for their development and multiplication, propagating to the nearest dwellings in a large number and apart from the public health danger that this poses by being transports for existing epidemics is not less important than their bites to children, domestic animals, etc (page 131).

Between the overcrowdedness and the level of cleanliness that was far below adequate, diseases spread widely among the patient population by a variety of different means, which ultimately lead to the deaths of many patients despite pleas for improvement.

While the quality of living within the asylums posed a major concern for patients, the treatments themselves proved to be an even greater preoccupation. Available treatment for mental health disorders during the 19th century had little to no scientific justification, mainly because there was little interest in investigating these disorders and creating new, more effective treatments as a result. Therefore, moral treatment dominated Spanish asylums during the later half of the 19th century and was a common treatment for delusions. The primary goal of moral treatment was to distract patients so that they would not be plagued by their disordered thoughts and ideas, which made it far more humane than treatments from the previous century. However,

moral treatment was not as moral as its name implied. A common form of this treatment was talking to patients in an attempt to convince them to drop their distressing ideas rather than to understand the source and content of their thoughts (Domingo & Rey-Gonzalez, 2006). Other forms of moral treatment included putting patients to work around the asylum, administering shock therapy, and placing leeches on patients (Domingo & Rey-Gonzalez, 2006; LeBow, 1964). Although there was a significant lack of biological treatment methods during the 19th century due to the aforementioned lack of research, there existed very few. One of which was a malaria drug called quinine, which was used to treat conditions such as psychosis, mania, confusion, and disorientation (Nevin & Croft, 2016). Morphine was also used frequently across asylums, though patients became heavily addicted as their treatment progressed (LeBow, 1964).

Based on many of the symptoms that the patient population demonstrated, schizophrenia was among one of the most common mental health disorders that appeared in the asylums in Spain in the second half of the 19th century. Therefore, patients with schizophrenia were often subjected to living in an environment that was not conducive to their mental or physical health. They also received the same treatments as everyone else who experienced similar symptoms of psychosis and mania as they did, revealing the lack of specialized treatment for the disorder. Through many of the treatments administered, specifically moral treatment, the staff believed that the patients chose to experience their illness and that it could be unlearned or deserved to be punished. But it was not solely the asylum workers who held these beliefs. The Spanish government at the time shared similar beliefs. Even though the government had control over the asylums, it did not enact reforms to improve the living conditions or encourage more research to be done on schizophrenia as it was among the most prominent mental health disorders of that period. It is this lack of initiative that put into question the commitment that Queen Isabel II and

her successors had to improve the mental health system because it speaks to their true attitudes that they held about mental health patients, especially those with schizophrenia. The isolation and torture that they subjected patients to implied that they were viewed as dangers and mistakes to society and deserved to be locked away and punished, which coincides with the stigma that exists today. In essence, patients were stripped of their human dignity in the hands of the hands of the government.

Not much progress was made in the healthcare system at the turn of the 20th century. However, a glimmer of hope appeared when the Decree of 1931 was passed. Under this law, Spain was expected to make a drastic transition from asylum care to hospital care, which meant no more living in filth and maltreatment (Huertas, 2006). This was the first attempt at reform in decades and the country quickly began preparing itself for this momentous change over the next five years. However, all the progress was destroyed when the Spanish Civil War began, and the situation worsened when Franco rose to power at the conclusion of the war. With little hope for a reformed mental healthcare system, the Franco regime seized the opportunity to continue asylum-like care because it hated democracy and wanted to destroy any support of it. Franco himself and many of his government officials believed that supporting mental health was supporting democracy, as Minister of Health, Eduardo Aunós Pérez implied in 1944 (Novella & Campos, 2017):

The mental health of a people is closely linked to its political system, because wherever anything can be debated in the public forum under the protection of a false concept of freedom, subjecting the most decisive issues to daily reflection under the rule of popular passion, it is natural that a psychological imbalance should occur (page 447).

Pérez suggests that democracy is to blame for all mental health issues because they believe that the talk of freedom that democratic nations boast about is not genuine. Therefore, Pérez reveals that he and the rest of the Franco regime believe that patients with mental health issues, schizophrenia included, supported democracy and should be ridded of Spain as a result.

This belief helps to explain many of the actions of the Franco regime carried out during its reign. First, it reveals why Franco never actually improved the mental healthcare facilities during his dictatorship, leaving their structural integrity in worse shape than ever and a large portion of their patient population to die due to the increased presence of disease. Second, it clarifies why the Franco regime was never interested in expanding its scientific knowledge of schizophrenia to create treatments that would actually improve patients' mental state instead of torture them. Rather, the regime's steadfast political beliefs lead to the appearance of sterilization, which robbed patients with genetic and incurable mental health disorders like schizophrenia of the right to reproduce in an attempt to reduce the future populations of psychiatric patients (Huertas, 2006). They also led to the appearance of treatments such as electroshock therapy, insulin coma, and cardiazol that were used for patients with schizophrenia (Conseglieri & Villasante, 2021). However, the most common and supposedly effective treatment of the time was the lobotomy, which was utilized on patients that were not responsive to any other treatment. This surgical procedure was often aimed at the frontal lobes because it was believed that the source of a patient's psychological effects lay in the connection that it has with the thalamus ("Lobotomy: Surgery for the Insane," 1949). Therefore, because it targeted the brain in a more direct manner, it was viewed as a more effective treatment, especially when patients did not have much success from using other treatment methods (Consiglieri & Villasante, 2021). However, lobotomies did more harm than good as many patients died due to

surgical complications. In the event that patients did live, they were left with deficits in their abilities to control emotional impulses, to manage social situations appropriately, to be self-aware, and many other psychological effects in addition to being left in a vegetative state in extreme cases (“Lobotomy: Surgery for the Insane,” 1949). Regardless of which treatments patients received, they caused serious physical and mental harm, especially considering the patients did not have the right to consent to treatment and, therefore, made the patient population easier to control (Conseglieri & Villasante, 2021).

However, even when Franco’s government did attempt to carry out psychiatric research, it was simply to demonstrate the patient’s inferiority in comparison to Spain’s general population. Research of this kind was typically conducted in the Franconian concentration camps, where a diverse group of prisoners and mental health patients were kept, and were led by the chief psychiatrist of the Franco army during the Spanish Civil War, Antonio Vallejo Nágera. Oftentimes the results of his studies referenced the intellectual abilities and perceived democratic beliefs of patients with schizophrenia in the concentration camps using a fascist lens. For example, Vallejo describes patients with schizophrenia as “innately revolutionary” who are “induced by their constitutional biopsychic qualities and instinctive tendencies, triggered by rancour and resentment complexes or by failure to achieve their expectations, have a somehow congenital propensity to disturb the existing social order” (Vallejo, 1938b, p.194). His findings are not scientifically justified findings, but rather ones that are biased towards his fascist beliefs because they reflect his hatred for patients with schizophrenia. He uses this research opportunity to belittle and dehumanize patients with schizophrenia, which coincides with the goals of the rest of the Franco regime: to rid Spain of democracy and anything related to it.

Between the conditions within the healthcare facilities and the available treatments, very few differences exist between schizophrenia's image during the second half of the 19th century and Franco's rise to power and domination over Spain. Their empty promises and statements in addition to their lack of investment in better healthcare encouraged the motive of eliminating schizophrenia from Spain, which reveals that these previous administrations believed that schizophrenia was an unfixable issue and that the patients who suffered from the disorder were seen as monsters and burdens to Spanish society who deserve to be locked away. With these ignorant views, they helped to paint schizophrenia in a way that was incredibly stigmatizing and dehumanizing.

Schizophrenia's Image Today

The image of schizophrenia in Spain's healthcare system has changed dramatically since the fall of the Franco regime approximately 50 years ago. With Franco no longer in power, democracy flourished, which made room for the implementation of the desperately-needed reform in mental healthcare. Among the most glaring changes to the mental healthcare system are the establishment of more humane psychiatric hospitals that serve to actually care for patients with schizophrenia rather than imprison them in uninhabitable conditions. However, the hospitals of the modern era do more than simply treat patients with schizophrenia. They also are committed to clinical and experimental research about the disorder, which was an aspect of psychiatric care that was absent for multiple decades. One of Spain's most well-known public research hospitals is Hospital Clínic in Barcelona. Founded in 1906, the hospital has been doing extensive research on the neurobiology of schizophrenia in order to help medical professionals to create more effective pharmacological treatments. For example, Bioque et. al. (2023) conducted a one-year longitudinal study to determine whether deep brain stimulation applied to the nucleus

accumbens would be an effective treatment option for treatment resistant schizophrenia. Between the two patients with schizophrenia that took part in the study, one showed mild improvements in positive and negative symptom severity, cognitive functioning, and well-being while the other demonstrated no significant improvements in those categories. Therefore, Bioque et. al. (2023) suggest that deep brain stimulation on the nucleus accumbens may be a promising treatment for patients with treatment resistant schizophrenia.

Hospital Benito Menni is another one of Spain's hospitals that has contributed greatly to schizophrenia research because of FIDMAG Research Foundation. Located in the heart of the hospital's medical campus, FIDMAG Research Foundation is an organization dedicated to the extensive research on various aspects of schizophrenia. For example Fuentes-Claramonte et. al. (2022) examined the relationship between negative symptoms and reduced functionality of the prefrontal cortex. Participants who had schizophrenia with and without negative symptoms in addition to those without the disorder underwent fMRI while doing a series of tasks that tapped into executive functions such as carrying out goal-directed behavior and adapting to alternating activities. Of the three groups of participants, Fuentes-Claramonte et. al. (2022) found that participants who experienced negative symptoms showed the least amount of activity in the prefrontal cortex, which suggests that negative symptoms further reduce the cognitive function of that critical area.

In addition to studying the cognitive impact of schizophrenia's symptoms, the organization also studies its comorbidity with other mental health disorders. FIDMAG launched a study at the beginning of September that examines the impact that formal thought disorder has on disorganized speech in schizophrenia and executive function, and I had the privilege of working with them this past summer to organize the details. The organization process consisted

of numerous meetings that covered the objectives of the study and types of neuropsychological tests that the researchers were considering for data collection. For this particular study, the researchers were aiming to examine patients' ability to understand and produce spoken and written discourse, which required a variety of tests to be administered, such as the Letters and Numbers Test for working memory, Tower of London for planning, and the Boston Diagnostic Aphasia Examination (BDAE) for written and verbal comprehension and responses. While there were many evaluative methods mentioned, there also arose many disagreements among the researchers about the relevance, level of difficulty, scientific justification, and even the number of tests that should be included in the study. The reason being is because they wanted to record accurate data while keeping the best interests of the participants in mind. If the study were too long or too easy, the participants would quickly lose interest. Meanwhile, if the test were too difficult, the patient would become frustrated and unwilling to continue. Regardless of the feelings of the participants, the three test conditions would reduce the amount of useful information that the researchers could use and would bias the study as a result.

The Spanish government has played a significant role in the work that hospitals and research organizations around Spain have done because they sponsor past and present studies to help hospitals enhance their care and to improve the general understanding of schizophrenia around the country. Government institutions within the health sector are committed to the advancement of scientific knowledge by providing funding to research institutions around the country. For instance, the following statement is one of the objectives of El Instituto de Salud Carlos III (The Carlos III Institute of Health):

To promote research directed towards protecting and improving health, funding excellent and highly competitive research through the Strategic Action in Health of the State

R&D&I Plan, and facilitating greater participation in international R&D&I programs and projects.

In other words, the government uses its funds to support meaningful research in the field of healthcare, which includes the work that has been done to increase the country's knowledge of schizophrenia as well. This objective helps to reveal a change in attitude from decades past. Instead of using research as a tool to dehumanize and discriminate against patients with schizophrenia, the current government is utilizing it as a method of educating themselves and the country at large. Therefore, the government considers schizophrenia as a serious health problem that needs to be addressed rather than a faulty trait that people should be punished for as their willingness to assist financially in this endeavor reveals.

In addition to supporting research, the government has also supported the introduction of more effective and humane treatments to Spain, namely antipsychotics. First-generation antipsychotics were introduced to the world in the 1950s, though they were not seen in Spain until the 1980's, which was when second-generation antipsychotics were invented. Spain's introduction to antipsychotics was very late compared to other countries like the United States, which quickly adopted first-generation antipsychotics after they were found to be effective at reducing symptom severity of patients with schizophrenia (Gollapudi & Radhakrishnan, 2010). However, this observation applied to only positive symptoms, which forms only a portion of the disorder (Gollapudi & Radhakrishnan, 2010). They also presented the concern for treatment retention and relapse rates because many patients ceased treatment due to unpleasant side effects such as involuntary movements, which worsened the motor control of patients who lacked the proper motor functions (Santamaría et. al., 2002). These issues helped second-generation antipsychotics rise in popularity because they resolved the problems that the medications of the

previous generation caused. In a review study by Fabrazzo et. al. (2022), they found that second generation antipsychotics treat negative symptoms better than those from the first generation. They also found lower relapse rates and treatment adherence rates in patients who took second-generation antipsychotics in addition to lower hospitalization rates. The results of Fabrazzo et. al. (2022) suggest antipsychotics, specifically those from the second generation, are improving the lives of the people of Spain who are forced to deal with the disorder everyday. Despite the success of the antipsychotics compared to the other treatments in past decades, the question arises as to why Spain did not begin utilizing them sooner. The reason may be due to Franco. Considering he and his administration were adamant that democracy was evil and believed that supporting mental health was supporting democracy, they refused to allow them into the country, especially considering that they were heavily utilized in the United States during that time. Antipsychotics yield more success for patients because they actually treat patients rather than torture them, which speaks to the government's genuine concern for the success and well-being of the people who have the disorder.

Despite all the interventions that the government has implemented in recent years, one of its most significant impacts was during the Covid-19 pandemic. Spain was among one of the nations that was the most affected by the presence of Covid-19, as Spain was handling thousands of cases weekly. By the middle of March of 2020, Spain saw over 13,000 cases, which made Spain one of the countries that was affected the most by the pandemic and ultimately led the government to initiate a nationwide shutdown (Mendoza, 2023). Although the lockdown was aimed at protecting the physical health of the people of Spain, it did nothing to preserve their mental health. Alongside the continuously growing number of Covid cases was the rise of new cases of worsening mental health both for healthy citizens and for patients previously diagnosed

with a mental illness. Anxiety and depression were two of the most common mental health issues during the 2-year pandemic as hundreds of people across the country experienced them at least once during that period, which largely originated from the several months of social isolation from the lockdown and fear of contracting the virus. These intense and prolonged feelings helped to promote symptoms of psychosis, which lead to healthy individuals having their first psychotic episode, many of which required hospitalization (Barlatti et. al., 2021). However, the virus itself contributed greatly to the generation of psychotic symptoms that developed into schizophrenia. Reports of patients who contracted Covid-19 stated that they began experiencing sensations such as delusions and hallucinations related to the pandemic and religion among other themes during and after the lockdown (Barlatti et. al., 2021; Escolà-Gascón, 2020). As a result, these distressing feelings and thoughts contributed to one of the most massive spikes in suicide that the country has ever seen, with a total of 7,944 between 2020 and 2021 (Statista Research Department, 2023).

Even though the Spanish government was the entity responsible for the nationwide lockdown, it realized the effects that the prolonged social isolation had on civilians, especially in regards to suicide. In response to this, Spain's president, Pedro Sánchez, enacted the Mental Health and Covid-19 Action Plan on October 9th, 2021. According to La Moncloa (2021), the Mental Health and Covid 19 Action Plan is a policy that will last from 2021 to 2024, to which the government invested 100 million euros (109,085,000 USD) with the sole purpose of improving the state of mental health in Spain that has declined due to the pandemic, as syndicated in Spain's record high suicide rates. President Sánchez outlined numerous initiatives to achieve his administration's goal, such as improving access to mental health services for vulnerable populations like younger and older adults, women, those with disabilities, and those

with fewer resources, establishing a national suicide hotline, and combating stigma through educational campaigns about topics in mental health.

Although the outline of the plan does not explicitly state it, the Mental Health and Covid-19 Action Plan is very beneficial to people suffering from schizophrenia as they fit with the aforementioned vulnerable populations. Schizophrenia tends to appear in late adolescence or in the early twenties. Therefore, with the consistently high stress and anxiety that came with lockdown orders and sadness from missing social or milestone events, this could be enough to beget one's first episode of psychosis. This could also apply to older patients as well because it was more difficult for them to receive the treatment they needed in years past and, therefore, may not have gotten treated as quickly as they should have. Additionally, many people who have schizophrenia also lack the adequate resources they need to get the treatment they need and to survive in general because people with schizophrenia often have low socioeconomic status (Werner et. al., 2007). Lastly, suicide is one of the main reasons for death amongst patients with schizophrenia, and the conditions from the pandemic did not create a better situation for patients who were struggling the most. Therefore, the odds of suicide increased for that specific population. With so many vulnerable populations that can develop schizophrenia, it reveals that the disorder was one of the contributors to the deterioration in mental health and suicide rates. Therefore, the Sánchez administration recognized the gravity of the disorder during the pandemic and aimed to find appropriate solutions for it. However, little information is known about the progress that has been made regarding the improvements and campaigns that it mentioned. Specifically, it is not known for sure how the government has improved access to mental health services and has been fighting the stigma against schizophrenia, especially since many people in Spain still struggle with finding treatment and the stigma persists among the

general public. The policy has not ended as it is valid until 2024, but the lack of clear progress reports on the plan puts into question the Sánchez administration's commitment to fulfilling the needs of those living with schizophrenia.

What were once ideas during the 19th and 20th centuries are now realities today with the establishment of a new progressive government. It was these officials who abolished prison-like asylums and created new, functioning medical centers that guide patients on their path to living a meaningful life despite their diagnoses. It was also these officials who have helped obtain and spread more scientifically justified and humane research on schizophrenia that will assist future generations. Finally, it was these officials who created policies meant to protect and support people in need, which includes schizophrenia. All these factors have a common denominator for their existence: a new perspective on schizophrenia. Unlike in the past, the government considers what is best for patients who have schizophrenia as they recognize that the patients are not the ones to blame for having the disorder. This is why the government has invested so much money and energy into caring for patients and understanding the characteristics of schizophrenia rather than hurting them on a physical and emotional level. As a result, it has created a more receptive and nurturing image of schizophrenia, revealing that the intense stigma that was once present within the government and robbed patients of their human dignity has decreased greatly.

Conclusion and Future Directions

The image of schizophrenia in the Spanish healthcare system underwent a significant evolution as the attitudes that the government held towards the disorder changed for the better. Between the second half of the 19th century and the end of the era of Francisco Franco, the government defined patients only by their schizophrenia diagnosis, which created the harmful hierarchy that placed patients in the lowest position of society. The government was also not

afraid to show how it felt about patients with schizophrenia and to remind them where they stood in society. Schizophrenia was among the most common mental health disorders that patients had within the care facilities that the government oversaw, which was indicative of a major health issue within the general public that required appropriate care to be given to those affected. Unfortunately, the patients never received the care that they needed, which was exchanged for shame and maltreatment. The asylums that were supposed to provide better support for the patients in need, were essentially prisons that completely isolated patients from the rest of society in living conditions that were far from adequate and led to the deaths of numerous patients. But it was not just the asylum environment that affected patients with schizophrenia in a negative manner. Biological treatments such as electroshock therapy, insulin coma, and lobotomies and psychological treatments such as putting the patients to work as a form of moral treatment did nothing to improve the mental state of those with schizophrenia. Rather, they were utilized as strategies for the asylum staff to maintain power over the patient population and to torture them for the sole reason of blaming patients for their diagnosis because they tainted the general public in the eyes of the government. The research that was conducted on schizophrenia also yielded a similar effectiveness as Antonio Vallejo Nágera who led the studies when Franco was in power yielded no useful scientific information on schizophrenia that could have improved the country's understanding of the disorder, which could have led to the reforms that patients at the time desperately needed. Instead, research studies were directed towards proving the inferiority of patients with schizophrenia in comparison to healthy individuals rather than attempting to help them. Although the government was involved in the care and research of schizophrenia, as it funded the asylums and initiated research projects within concentration camps, there was little intervention to improve the situation for patients. It is this lack of interest

that revealed the government's true attitudes towards patients with schizophrenia, attitudes that saw patients as less than human beings and, therefore, did not make them worthy of assistance. The state of the mental healthcare system for patients with schizophrenia reflected the current beliefs of the government during this period of time, which were based on stigma and dehumanization that created schizophrenia's negative image.

Today, however, the way in which Spain represents schizophrenia in the healthcare system is far more positive because the current and past administrations portrayed it as a serious issue that can be fixed rather than a burden on society that patients inflicted upon themselves. With these attitudes came the emergence of more government involvement to support patients in the most effective way possible, which led to the emergence of actual hospitals being established around the country that allow patients physical and mental health to flourish as the conditions rose to achieve more humane standards. Therefore, their general environments are more conducive to the progress of the patients. Additionally, modern hospitals do not only provide care that is scientifically proven to reduce the effects of schizophrenia, but they also carry out objective research on various characteristics of schizophrenia such as the cognitive impacts that positive and negative symptoms have on various areas of the brain and current treatments such as deep brain stimulation to determine how it can be enhanced so that patients obtain better results. The government also plays a significant role in the schizophrenia research that is carried out by the research institutions within the hospitals because they provide financial assistance to studies and experiments that will offer significant contributions to the country's knowledge of the disorder and hope for even better treatment methods, which shows that the government has established high standards for research to ensure the quality of it to ensure the quality of the results as well. This was an action that the government many decades ago failed to do, which

caused research to be incredibly subjective and malleable to the opinions of the government. Besides supporting schizophrenia research, the government has enacted numerous initiatives with the objective of ensuring more positive outcomes for patients. The first one involved the introduction of second-generation antipsychotics that swept the world in the 1980s because they were known to reduce the effects of schizophrenia better than those from the previous generation, which were mostly used to control and punish the patient populations in the past. Several decades later in the wake of the Covid-19 pandemic, the government enacted the Mental Health and Covid-19 Action Plan to help the most vulnerable populations in Spain, many of which involve people who struggle with schizophrenia, receive the care that they need in an easier way. These two initiatives reveal that the government has the best interests at heart for patients with schizophrenia and is willing to find ways to give them the best quality of life possible, which is what previous administrations failed to do. Unlike in the past, the government is far more invested in understanding and treating schizophrenia, creating a more humane and less stigmatizing image.

Although schizophrenia's image in the Spanish healthcare system has come a long way over the span of 200 years, there remains more that the government needs to do to further improve the image. The most prominent improvement that could be made is more consistent and clear communication about progress being made within the field of mental health. This connects to the lack of information about what has been done since the enactment of the Mental Health and Covid-19 Action Plan of 2021. Since the policy is nearing the end of its time, it is possible that the government is waiting until its expiration to determine whether or not the policy was successful at making the changes that it promised. However, since it has been in place for almost 3 years, it is quite surprising that there are no yearly studies from the government that have

examined the accessibility of mental health services for the vulnerable populations mentioned in the plan, the new suicide rates, and the number of educational campaigns that have occurred and whether they have reduced stigma related to schizophrenia and other mental health disorders. Additionally, President Sánchez and his administration have never given the people of Spain any updates about how the plan was fairing, which leaves one to question whether the plan is doing what it is supposed to do and whether the government is serious about the execution of the plan. Whether the results were good or bad, the patients deserve to know the latest developments as they are the ones who are directly affected by it because they are the ones who will be utilizing the resources frequently. One way the government could have approached this is through World Mental Health Day on October 10th, which is the same day in which the Sánchez administration first announced the policy during a press conference. Every year on that day, the government could have reported on the positives and negatives that have occurred from the plan each year, which would give it an idea of what is working and what needs to be improved in addition to keeping the people informed, especially those with schizophrenia. The government could have also used that day to educate the general public about schizophrenia, where officials from the Ministry of Health could talk about the facts and myths about schizophrenia in order to reduce the level of ignorance towards the disorder, which is one of the main reasons for its stigma (Zamorano et. al., 2023). Outside of World Mental Health day, the government could also provide a list of resources that the public could use at any time to educate themselves about the disorder. Communication with the public and analyzing deeply the legislation that is related to schizophrenia will further build a stronger connection between patients and the government because it will foster a sense of trust from the patients and will further demonstrate the

government's commitment of providing for patients, thus creating an even better image for schizophrenia.

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