

The Influence of Stigma and Family Support on Long-Term Outcomes of Schizophrenia Patients: A Literature Review

Andi Bulqis Khaerunnisa¹, Ilma Khaerina², Wirasto Ismail², Irmasanty², Fanny Wijaya²

¹General Practitioner Professional Education Program, Faculty of Medicine, Universitas Muslim Indonesia

²Lecturer in the Department of Medical Psychiatry, Universitas Muslim Indonesia

*Corresponding Author: Andi Bulqis Khaerunnisa

Email: andibulqis2412@gmail.com

Article Info

Article History:

Received March 14, 2026

Revised April 5, 2026

Accepted: May 15, 2026

Keywords:

Schizophrenia, Family Support, Stigma, Relapse, Quality of Life, Long-Term Outcomes, Mental Health.

Abstract

Schizophrenia is a chronic and severe mental disorder that significantly affects patients' quality of life, social functioning, and long-term recovery. In addition to biological factors, psychosocial factors such as family support and stigma play crucial roles in determining treatment outcomes and recovery trajectories among individuals with schizophrenia. This study aimed to examine the influence of family support and stigma on the long-term outcomes of patients with schizophrenia through a narrative review of the existing literature. A narrative literature review was conducted using articles retrieved from PubMed, Google Scholar, ScienceDirect, ResearchGate, and Gale. The search employed keywords related to schizophrenia, stigma, family support, long-term outcomes, and mental health. Studies published in English and Indonesian that examined the relationship between family support, stigma, and outcomes among individuals with schizophrenia were included. Following the screening and eligibility assessment process, 20 studies met the inclusion criteria and were analyzed using a narrative synthesis approach. The review revealed that family support is consistently associated with improved quality of life, better medication adherence, reduced relapse rates, increased treatment motivation, and enhanced psychosocial functioning among patients with schizophrenia. Conversely, stigma was found to negatively affect psychological well-being, resilience, caregiving capacity, treatment engagement, and quality of life. The findings further indicated that supportive family environments may mitigate the adverse effects of stigma by promoting acceptance, emotional stability, and social integration. Structured family involvement was also shown to improve clinical and functional outcomes. Family support and stigma are important psychosocial determinants of long-term outcomes in schizophrenia. Strengthening family involvement and implementing stigma-reduction strategies should be considered essential components of comprehensive and recovery-oriented mental health care for individuals living with schizophrenia.

Introduction

Schizophrenia is one of the most severe and disabling psychiatric disorders worldwide, affecting millions of individuals across different age groups, cultures, and socioeconomic backgrounds. The disorder is characterized by disturbances in perception, cognition, emotion, and behavior that significantly impair an individual's ability to function in daily life. Schizophrenia commonly manifests through positive symptoms such as hallucinations, delusions, disorganized speech, and abnormal motor behavior, as well as negative symptoms including social withdrawal, diminished emotional expression, reduced motivation, and cognitive deficits affecting memory, attention, and executive functioning. These symptoms often persist for years and substantially affect educational achievement, employment opportunities, interpersonal relationships, and overall quality of life (Hany & Rizvi, 2025).

Globally, schizophrenia affects approximately 1% of the population and remains one of the leading causes of disability associated with mental illness (Hany & Rizvi, 2025). The disorder typically develops during late adolescence or early adulthood and frequently follows a chronic and relapsing course. Individuals living with schizophrenia often require long-term treatment and psychosocial support to maintain symptom stability and social functioning. In addition to its impact on patients, schizophrenia places considerable emotional, social, and economic burdens on families, caregivers, healthcare systems, and society. The chronic nature of the disorder often necessitates repeated hospitalizations, continuous pharmacological treatment, and long-term rehabilitation services (Ningsih et al., 2023).

In Indonesia, schizophrenia remains a major public health concern. The increasing number of psychiatric hospital admissions reflects ongoing challenges related to disease management and relapse prevention (Ningsih et al., 2023). Relapse is among the most common complications experienced by individuals with schizophrenia and contributes significantly to repeated hospitalization, worsening functional impairment, increased healthcare costs, and decreased quality of life. Several factors have been identified as contributors to relapse, including poor medication adherence, inadequate access to healthcare services, stressful life events, insufficient social support, and negative societal attitudes toward mental illness (Putri, 2025). Therefore, understanding the factors that influence long-term outcomes in schizophrenia is essential for improving patient care and recovery.

The understanding of schizophrenia has advanced considerably over recent decades due to developments in neuroscience, genetics, neuroimaging, and psychopharmacology (Syafwan, 2025). Nevertheless, evidence increasingly suggests that successful schizophrenia management cannot rely solely on pharmacological treatment. Although antipsychotic medications remain the cornerstone of treatment, long-term recovery and functional improvement are strongly influenced by psychosocial and environmental factors (Syafwan, 2025). Contemporary recovery-oriented mental healthcare emphasizes not only symptom reduction but also social integration, personal empowerment, community participation, and enhanced quality of life. Consequently, increasing attention has been directed toward understanding how social and family environments contribute to recovery among individuals living with schizophrenia.

Among the psychosocial factors affecting schizophrenia outcomes, stigma has emerged as one of the most significant barriers to recovery. Stigma refers to negative beliefs, stereotypes, prejudices, and discriminatory attitudes directed toward individuals with mental illness (Sari, 2023). Patients with schizophrenia frequently experience stigma from various sources, including family members, healthcare professionals, employers, and the broader community. Internalized stigma may cause individuals to accept negative societal perceptions about themselves, resulting in reduced self-esteem, feelings of shame, hopelessness, social withdrawal, and diminished motivation to seek treatment (Tozoglu & Gürbüz, 2024; Wang et al., 2025). Furthermore, stigma may discourage individuals from accessing mental health services because of fears of discrimination and social rejection.

Family-related stigma is particularly concerning because families often serve as the primary source of care and support for individuals with schizophrenia. When family members hold stigmatizing attitudes, patients may experience rejection, excessive criticism, overprotection, social exclusion, and limited participation in family decision-making processes (Sari, 2023). Such experiences can negatively affect psychological well-being and contribute to poorer clinical outcomes. Previous studies have demonstrated that family stigma is associated with increased caregiver burden, lower patient resilience, and disruptions in treatment continuity (Tozoglu & Gürbüz, 2024; Wulandari, 2025; Agustina et al., 2022). Moreover, stigma

experienced by family caregivers themselves may result in emotional distress, social isolation, and reduced caregiving capacity, ultimately compromising the quality of support provided to patients (Eghbal Manesh et al., 2023).

In contrast to the detrimental effects of stigma, family support has consistently been identified as a protective factor in schizophrenia management. Family support encompasses emotional support, informational guidance, practical assistance, supervision of treatment adherence, and active involvement in the recovery process (Pesik et al., 2020). Family members frequently play a central role in monitoring symptoms, ensuring medication compliance, facilitating access to healthcare services, and providing emotional reassurance during periods of psychological distress. Consequently, supportive family environments contribute significantly to the development of effective coping strategies and greater resilience among individuals living with schizophrenia (Pesik et al., 2020).

Numerous studies have demonstrated that strong family support is associated with improved treatment adherence, reduced relapse rates, enhanced social functioning, and better quality of life among patients with schizophrenia (Dinata et al., 2023; Tsanifiandi et al., 2024; Liberitera et al., 2025). Family involvement has also been shown to strengthen patients' motivation to participate actively in treatment and rehabilitation programs (Patricia et al., 2025). Furthermore, supportive family relationships may help mitigate the negative effects of stigma by fostering acceptance, belongingness, and self-confidence among patients (Wang et al., 2021; Latifah et al., 2025). Through these mechanisms, family support can facilitate long-term recovery and improve overall clinical outcomes.

The importance of family involvement is further supported by evidence showing that structured family-based interventions can improve patient functioning and clinical outcomes. Psychoeducation programs, family counseling, and collaborative care approaches have demonstrated effectiveness in reducing relapse rates, improving treatment engagement, and enhancing caregiver competence (As'Ari et al., 2025; Norheim et al., 2025). These findings emphasize the importance of viewing families not merely as caregivers but as active partners in the treatment and recovery process. As a result, modern mental health services increasingly promote family-centered approaches that encourage collaboration among patients, families, and healthcare professionals.

Despite growing recognition of the importance of stigma and family support, many individuals with schizophrenia continue to face substantial psychosocial challenges that hinder recovery. High levels of stigma remain prevalent across different countries and cultures, while variations in family resources, knowledge, and caregiving capacity influence the quality of support available to patients (Wang et al., 2025; Gagiou et al., 2024). Understanding how stigma and family support interact to influence long-term outcomes is therefore essential for developing comprehensive and effective mental health interventions.

Long-term outcomes in schizophrenia extend beyond symptom control and encompass broader indicators such as quality of life, functional independence, social participation, treatment adherence, relapse prevention, and psychological well-being (Dinata et al., 2023; Andari et al., 2024; Rahayuningrum et al., 2021). Given the complex interaction between clinical and psychosocial factors, a comprehensive understanding of stigma and family support is needed to optimize recovery and improve overall mental health outcomes. Therefore, this study aims to examine the influence of stigma and family support on the long-term outcomes of patients with schizophrenia. The findings are expected to contribute to the development of holistic, family-centered, and recovery-oriented mental health strategies that address both clinical needs and psychosocial determinants of recovery.

Method

Study Design

This study employed a narrative literature review design to examine the influence of stigma and family support on the long-term outcomes of patients with schizophrenia. A narrative review was selected because it allows for a comprehensive synthesis of evidence from diverse study designs and provides a broader understanding of complex psychosocial factors affecting schizophrenia outcomes. The review focused on identifying, evaluating, and synthesizing findings from published studies concerning the relationships between stigma, family support, treatment adherence, relapse, quality of life, motivation, and overall recovery among individuals diagnosed with schizophrenia.

Search Strategy

A systematic literature search was conducted using several reputable electronic databases, including PubMed, Google Scholar, ScienceDirect, Gale, and ResearchGate. The search process was performed to identify relevant studies published in national and international journals. The search strategy utilized a combination of keywords and Boolean operators to maximize the retrieval of relevant literature. The primary keywords included “schizophrenia,” “stigma,” “family support,” “long-term outcomes,” “quality of life,” “relapse,” “treatment adherence,” and “mental health.” Various combinations of these keywords were applied using the operators AND and OR to ensure a comprehensive search. The search was limited to articles published in English and Indonesian to ensure accessibility and relevance to the study objectives.

Eligibility Criteria

Studies were selected based on predetermined inclusion and exclusion criteria. The inclusion criteria consisted of: (1) original research articles published in peer-reviewed journals; (2) studies examining stigma, family support, family involvement, caregiver experiences, or psychosocial factors related to schizophrenia; (3) studies reporting outcomes related to quality of life, relapse, treatment adherence, recovery, motivation, functioning, or other long-term outcomes among patients with schizophrenia; (4) articles published in English or Indonesian; and (5) full-text articles available for review. Both quantitative and qualitative studies were considered eligible to provide a comprehensive understanding of the topic.

The exclusion criteria included: (1) articles unrelated to schizophrenia; (2) studies that did not examine stigma, family support, or long-term patient outcomes; (3) conference abstracts, editorials, commentaries, letters to editors, and unpublished manuscripts; (4) duplicate publications; and (5) articles with incomplete data or unavailable full texts. Studies that focused exclusively on pharmacological interventions without discussing psychosocial factors were also excluded.

Study Selection Process

The study selection process followed a PRISMA-informed screening approach to ensure transparency and methodological rigor. Initially, a total of 355 records were identified through database searching. All retrieved articles were screened based on their titles and abstracts to determine their relevance to the review topic. Articles that clearly did not meet the inclusion criteria were removed during the preliminary screening stage. The remaining studies underwent full-text assessment to evaluate their eligibility according to the predefined criteria.

During the screening process, studies were excluded for several reasons, including irrelevance to the research objectives, inappropriate study populations, inadequate methodological quality,

language limitations, and lack of full-text availability. After applying all inclusion and exclusion criteria, 20 articles were determined to be highly relevant to the review topic and were included in the final analysis. The article selection process is presented in the PRISMA flow diagram shown in Figure 1.

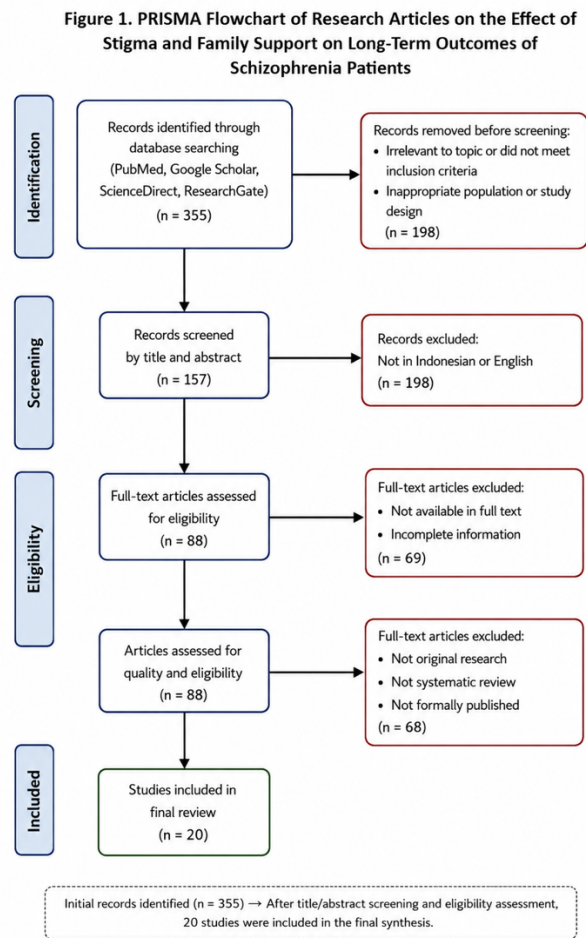


Figure 1. PRISMA Flowchart of Research Articles on the Effect of Stigma and Family Support on Long-Term Outcomes of Schizophrenia Patients

Data Extraction

Data from the selected studies were extracted using a standardized data extraction framework developed by the researchers. Information collected from each study included the authors' names, year of publication, country of study, study design, sample characteristics, objectives, variables examined, measurement instruments, key findings, and conclusions. Particular attention was given to findings related to stigma, family support, caregiver experiences, treatment adherence, relapse prevention, quality of life, and other indicators of long-term outcomes among individuals with schizophrenia. The extracted information was organized into summary tables to facilitate comparison and synthesis across studies.

Quality Appraisal

To enhance the credibility and reliability of the review findings, the methodological quality of the selected studies was assessed before inclusion in the final synthesis. Studies were evaluated based on several criteria, including clarity of research objectives, appropriateness of study design, adequacy of sample size, validity of data collection methods, transparency of data

analysis procedures, and consistency between results and conclusions. Preference was given to studies published in peer-reviewed journals and studies employing rigorous research methodologies. The quality appraisal process ensured that the evidence included in the review was relevant, reliable, and capable of supporting meaningful conclusions regarding the influence of stigma and family support on schizophrenia outcomes.

Data Synthesis

A narrative synthesis approach was used to analyze and integrate the findings from the selected studies. Due to variations in study designs, participant characteristics, outcome measures, and research settings, a quantitative meta-analysis was not considered appropriate. Instead, findings were synthesized thematically by identifying recurring patterns, similarities, and differences across studies. The synthesis focused on several key themes, including the impact of stigma on patient outcomes, the role of family support in treatment adherence, the influence of family involvement on relapse prevention, the relationship between social support and quality of life, and the contribution of family-centered interventions to long-term recovery. This approach enabled a comprehensive understanding of how psychosocial factors influence the long-term outcomes of schizophrenia patients.

Ethical Considerations

As this study was based exclusively on previously published literature and did not involve direct interaction with human participants, formal ethical approval was not required. Nevertheless, the review was conducted in accordance with principles of academic integrity and research ethics. All sources were appropriately cited, and the findings of the included studies were presented accurately and objectively to maintain transparency and avoid misrepresentation of the original research.

PRISMA Flow and Final Study Yield

The literature search and screening process resulted in the inclusion of 20 studies that met all eligibility criteria. These studies comprised various research designs, including cross-sectional studies, correlational studies, cohort studies, systematic reviews, meta-analyses, qualitative studies, and randomized controlled trials. Collectively, the selected studies provided comprehensive evidence regarding the influence of stigma and family support on long-term outcomes among individuals with schizophrenia. The diversity of study designs and populations enhanced the breadth of evidence synthesized in this review and contributed to a more comprehensive understanding of the psychosocial factors affecting schizophrenia recovery and long-term patient well-being.

Result and Discussion

A total of 355 records were initially identified through database searches conducted in PubMed, Google Scholar, ScienceDirect, ResearchGate, and Gale. After the removal of irrelevant records and the application of predefined inclusion and exclusion criteria, 20 studies were included in the final review. The selected studies consisted of various methodological approaches, including cross-sectional studies, correlational studies, prospective cohort studies, systematic reviews, meta-analyses, qualitative meta-syntheses, and randomized controlled trials. This diversity of study designs provided a comprehensive perspective on the influence of stigma and family support on the long-term outcomes of individuals living with schizophrenia.

The reviewed studies were conducted across different countries and healthcare settings, allowing for a broader understanding of how psychosocial factors influence schizophrenia

outcomes in diverse populations. Despite variations in study design, sample characteristics, and outcome measures, consistent patterns emerged regarding the importance of family support and the detrimental effects of stigma. The findings were synthesized into three major themes: (1) family support and long-term outcomes in schizophrenia, (2) stigma and its impact on patient outcomes, and (3) the interaction between family support and stigma in the recovery process.

Table 1. Analysis of the Influence of Stigma and Family Support on Long-Term Outcomes of Schizophrenia Patients

No.	Author(s)	Title	Method	Main Findings	Conclusion
1	Dinata, B.A., Pribadi, T., & Triyoso (2023)	Family Support and Quality of Life in Patients with Schizophrenia	Quantitative study with a cross-sectional design	Family support was significantly associated with the quality of life of patients with schizophrenia.	Strong family support plays an important role in improving the quality of life of patients with schizophrenia.
2	Tozoglu, E.O., & Gürbüzer, N. (2024)	Internalized Stigma Level, Family Self-Stigma, and Family Burden of Patients Receiving Community Mental Health Center Services: A Comparative Longitudinal Study	Comparative longitudinal study	Higher levels of internalized stigma and family self-stigma were associated with increased family burden.	Internalized stigma and family self-stigma contribute to family burden and may affect continuity of care.
3	Liberitera, S., Novita, R.P., & Tsabita, A. (2025)	The Influence of Family Support on Medication Adherence in Patients with Paranoid Schizophrenia at Ernaldi Bahar Mental Hospital, South Sumatra Province	Quantitative correlational study	Family support significantly influenced medication adherence among patients.	Optimal family support improves medication adherence in patients with paranoid schizophrenia.

4	Pahlawan, R.G., & Az Zahra, S.F. (2025)	Family Support and Relapse in Patients with Schizophrenia: A Correlational Study at Batujajar Primary Health Center	Correlational study	Low family support was associated with higher relapse rates.	Family support serves as a protective factor against relapse in patients with schizophrenia.
5	Wulandari, P. (2025)	The Relationship Between Resilience and Family Stigma Among Patients with Schizophrenia at Dr. Samsi Jacobalis Regional Mental Hospital, Bangka Belitung Islands	Quantitative cross-sectional study	Family stigma was negatively associated with patient resilience.	Higher levels of family stigma reduce the resilience of patients with schizophrenia.
6	Tsanifiandi, F., Fitryasari, R., Astuti, I.T.P., & Hidayati, N. (2024)	The Influence of Family Support on the Quality of Life of Schizophrenia Patients: A Systematic Review	Systematic review	Most studies reported that family support improves patients' quality of life.	Family support consistently contributes to better quality of life among patients with schizophrenia.
7	Andari, M.A., Karin, P.A.E.S., Suarningsih, N.K.A., Sulistiowati, N.M.D., & Wisnawa, I.N.D. (2024)	The Correlation Between Family Support and Family Self-Efficacy with Relapse in Individuals with Schizophrenia	Quantitative correlational study	Family support and family self-efficacy were associated with lower relapse rates.	Enhancing family support and self-efficacy may help reduce relapse.
8	Komalasari, L., Wardani, I.Y., & Winahayu, N.E. (2024)	The Relationship Between Emotional Expression,	Prospective cohort study	Stigma and family burden were significantly associated	Stigma and family burden influence the family's ability to provide

		Family Burden, and Stigma with Family Support in Patients with Schizophrenia		with levels of family support.	effective support.
9	Patricia, H., Irman, V., Apriyeni, E., & Rahayuningrum, D.C. (2025)	Family Support and Its Impact on the Motivation of Schizophrenia Clients	Quantitative study	Family support positively influenced patient motivation.	Family support enhances patients' motivation to participate in treatment.
10	Wang, L., Chen, Y., Hu, C., & Qin, H. (2021)	Influence of Family Dynamics on Stigma Experienced by Patients with Schizophrenia: Mediating Effect of Quality of Life	Quantitative study with mediation analysis	Family dynamics influenced perceived stigma through quality of life.	Quality of life mediates the relationship between family dynamics and stigma.
11	Putri, T.M. (2025)	The Relationship Between Family Support and Relapse in Schizophrenia Patients	Cross-sectional study	Good family support was associated with lower relapse rates.	Family support contributes to long-term clinical stability.
12	Eddy (2025)	The Influence of Family Support, Medication Adherence, and Environmental Support on Relapse	Quantitative study using Partial Least Squares (PLS) analysis	Family and environmental support significantly reduced relapse.	Family- and environment-based interventions are important for improving long-term outcomes.
13	Rahayuningrum, D.C., Nofia, V., Dewi, R.I.S., & Zulfianis, M. (2021)	The Relationship Between Family Support and the Quality of Life of Schizophrenia Patients	Quantitative cross-sectional study	Family support was significantly associated with patients' quality of life.	Strong family support improves the quality of life of patients with schizophrenia.
14	Latifah, R.A., Mahmud, U.H., & Syekha (2025)	The Relationship Between	Quantitative descriptive	Higher family support was associated	Family support can serve as a

		Family Support and the Level of Stigmatization in Schizophrenia Clients at Gramesia Kedawung Home	correlational study	with lower levels of stigma.	buffer against stigmatization.
15	Al As'Ari, M.F.M., Indari, & Adi, D.K.P. (2025)	The Relationship Between Family Support and Relapse in Schizophrenia Patients in the Gondanglegi Community Health Center Area	Retrospective cross-sectional study	Family support was significantly correlated with relapse frequency.	Family education is essential for relapse prevention and control.
16	Agustina, N., Jannah, S.R., Mawarpury, M., & Fithria (2022)	Relationship Between Family Burden, Stigma, Stress, Social Support, Family Acceptance, and Family Caregiving Ability in Caregivers of Patients with Schizophrenia	Quantitative correlational study	Family stigma, burden, and stress were negatively associated with caregiving ability, while social support and family acceptance were positively associated.	Stigma and family burden reduce caregivers' capacity to provide effective care.
17	Eghbal Manesh, A., Dalvandi, A., & Zoladl, M. (2023)	The Experience of Stigma in Family Caregivers of People with Schizophrenia Spectrum Disorders: A Meta-Synthesis Study	Qualitative meta-synthesis	Family stigma significantly affected long-term caregiving experiences.	Stigma should be addressed through family-based interventions and mental health policies.

18	Wang, X., Hu, J., Wang, X., Liu, J., & Wang, Y. (2025)	Prevalence of Stigma Among Patients with Schizophrenia: A Multi-Country Systematic Review and Meta-Analysis	Systematic review and meta-analysis	The prevalence of stigma among patients with schizophrenia was high and varied across countries.	Stigma is a global issue that negatively affects long-term patient outcomes.
19	Gagiu, C., Dionisie, V., Manea, M.C., Mazilu, D.C., & Manea, M. (2024)	Internalised Stigma, Self-Esteem, and Perceived Social Support as Psychosocial Predictors of Quality of Life in Adult Patients with Schizophrenia	Quantitative study using multivariate regression analysis	Internalized stigma reduced quality of life, whereas social support and self-esteem acted as protective factors.	Reducing stigma and strengthening social support are essential for improving quality of life.
20	Norheim, I., Pedersen, R., Selle, M.L., Røssberg, J.I., Hestmark, L., Heiervang, K.S., Ruud, T., Åsholt, V.M., Hansson, K.M., Møller, P., Fosse, R., Kjus, S.H.H., & Romøren, M. (2025)	Effectiveness of Implementing Family Involvement on Patient Outcomes in Individuals with Psychotic Disorders: A Pragmatic Cluster Randomized Controlled Trial	Cluster randomized controlled trial	Family involvement improved patient functioning and clinical outcomes.	Family-based interventions are effective in improving long-term outcomes among individuals with psychotic disorders.

Table 1 presents the characteristics of the 20 studies included in this review. The selected studies consisted of cross-sectional studies, correlational studies, prospective cohort studies, systematic reviews, meta-analyses, qualitative studies, and randomized controlled trials. Most studies examined the role of family support, stigma, quality of life, relapse, medication adherence, and psychosocial outcomes among patients with schizophrenia.

Family Support and Long-Term Outcomes in Schizophrenia

The findings consistently demonstrated that family support is one of the most important determinants of long-term outcomes among patients with schizophrenia. Across the reviewed studies, family support was associated with improved quality of life, better treatment adherence, lower relapse rates, increased motivation, and enhanced psychosocial functioning. Family members often serve as the primary caregivers for individuals with schizophrenia and

play a crucial role in supporting treatment engagement and recovery. Consequently, the quality and consistency of family support can substantially influence the course of the illness.

Several studies specifically highlighted the relationship between family support and quality of life. Dinata et al. (2023) and Rahayuningrum et al. (2021) found significant positive associations between family support and patients' quality of life. Patients who received strong emotional, informational, and practical support from family members reported better social functioning, greater psychological well-being, and improved daily living capabilities. These findings were reinforced by the systematic review conducted by Tsanifiandi et al. (2024), which concluded that family support consistently contributes to improved quality of life across various clinical settings. The evidence suggests that supportive family environments provide patients with a sense of security, belonging, and emotional stability, all of which are essential for long-term recovery.

Another important finding concerned the relationship between family support and medication adherence. Medication adherence remains one of the most significant challenges in schizophrenia management because non-adherence is strongly associated with symptom exacerbation and relapse. Liberitera et al. (2025) reported that patients who received greater family support were more likely to comply with prescribed treatment regimens. Family members frequently assist patients by monitoring medication schedules, providing reminders, accompanying them to clinical appointments, and encouraging continued treatment. Such involvement increases treatment adherence and contributes to better symptom management over time.

Family support was also consistently associated with reduced relapse rates. Several studies, including those conducted by Pahlawan and Az Zahra (2025), Putri (2025), and Al As'Ari et al. (2025), reported that lower levels of family support were linked to higher relapse frequencies. Likewise, Andari et al. (2024) demonstrated that both family support and family self-efficacy contributed to relapse prevention. These findings indicate that families play a critical role in recognizing early warning signs of relapse, facilitating timely intervention, and maintaining treatment continuity. Effective family involvement therefore serves as a protective factor against repeated hospitalizations and worsening clinical outcomes.

In addition to influencing clinical outcomes, family support was found to affect patients' motivation and psychosocial adjustment. Patricia et al. (2025) found that family support significantly enhanced patients' motivation to participate in treatment and rehabilitation programs. Motivated patients are more likely to engage in therapeutic activities, maintain treatment adherence, and pursue social reintegration. Furthermore, Norheim et al. (2025) demonstrated that structured family involvement improved patient functioning and overall clinical outcomes. Together, these findings suggest that family support contributes not only to symptom control but also to broader aspects of recovery and community participation.

Stigma and Its Impact on Schizophrenia Outcomes

The reviewed literature identified stigma as a major obstacle to recovery among individuals with schizophrenia. Stigma was consistently associated with poorer psychological well-being, lower quality of life, greater caregiver burden, and reduced effectiveness of treatment and rehabilitation efforts. Stigmatizing attitudes toward schizophrenia continue to exist within families, communities, and healthcare settings, creating barriers that may hinder recovery and social integration.

Several studies examined the influence of stigma on patients' psychological resilience and emotional well-being. Wulandari (2025) reported a significant negative relationship between

family stigma and patient resilience, indicating that patients exposed to greater levels of stigma demonstrated lower capacities to cope with the challenges associated with their illness. Internalized stigma can lead patients to develop negative self-perceptions, feelings of shame, reduced self-esteem, and social withdrawal. These psychological consequences may further exacerbate symptoms and decrease willingness to seek help or engage in treatment.

Stigma was also found to affect family members and caregivers. Tozoglu and Gürbüzler (2024) demonstrated that both patient internalized stigma and family self-stigma were associated with increased family burden. Families experiencing stigma often encounter social isolation, emotional stress, and difficulties in maintaining caregiving responsibilities. Similarly, Komalasari et al. (2024) found that stigma and family burden significantly influenced the level of support families were able to provide. These findings suggest that stigma not only affects patients directly but also undermines the caregiving environment that is essential for recovery.

The negative impact of stigma on caregivers was further supported by Agustina et al. (2022), who found that stigma, stress, and family burden reduced caregivers' capacity to care for individuals with schizophrenia. Conversely, social support and family acceptance enhanced caregiving effectiveness. Similar findings emerged from the qualitative meta-synthesis conducted by Eghbal Manesh et al. (2023), which revealed that family caregivers frequently experienced emotional exhaustion, social exclusion, and discrimination because of their association with individuals diagnosed with schizophrenia. These experiences may contribute to caregiver burnout and reduced quality of care.

Evidence from international studies indicates that stigma remains a widespread global issue. Wang et al. (2025) reported a high prevalence of stigma among individuals with schizophrenia across multiple countries, although prevalence rates varied according to cultural and social contexts. Furthermore, Gagiü et al. (2024) found that internalized stigma was a significant predictor of poorer quality of life, whereas perceived social support and self-esteem functioned as protective factors. These findings underscore the importance of stigma-reduction interventions as part of comprehensive schizophrenia care.

Relationship Between Family Support and Stigma

An important theme emerging from the reviewed literature is the interconnected relationship between family support and stigma. While stigma tends to undermine recovery, family support appears to mitigate many of its negative effects. Several studies suggested that supportive family environments can protect patients from the harmful consequences of social stigma and facilitate better psychosocial adjustment.

Latifah et al. (2025) found that higher levels of family support were associated with lower levels of stigmatization among patients with schizophrenia. Patients who perceived strong support from family members reported greater acceptance and fewer experiences of discrimination. Family support may therefore act as a protective buffer, helping individuals maintain self-esteem and social functioning despite stigmatizing experiences.

Similarly, Wang et al. (2021) demonstrated that family dynamics influence patient stigma through the mediating role of quality of life. Positive family relationships were associated with better quality of life, which in turn reduced perceived stigma. This finding highlights the importance of healthy family interactions in shaping patients' psychological experiences and recovery trajectories. Families that foster open communication, acceptance, and emotional support may help patients develop resilience against stigma and its negative consequences.

The findings collectively indicate that family support and stigma should not be viewed as separate factors but rather as interconnected psychosocial influences that jointly affect long-term outcomes in schizophrenia. Strong family support can counteract the detrimental effects of stigma, whereas stigma can weaken family functioning and reduce the effectiveness of support. Consequently, interventions designed to improve schizophrenia outcomes should simultaneously strengthen family involvement and address stigma at individual, family, and community levels.

Influence of Family Support and Stigma on Long-Term Outcomes in Patients with Schizophrenia

One of the most consistent findings identified in this review is the positive role of family support in promoting recovery among individuals with schizophrenia. Family support functions as a protective factor by providing emotional reassurance, practical assistance, treatment supervision, and encouragement throughout the recovery process. Because schizophrenia is a chronic disorder characterized by recurrent symptoms and long-term functional impairment, patients often depend on family members for daily support and guidance. Consequently, the quality of family relationships can significantly influence treatment outcomes and overall well-being (Xiao et al., 2022; An et al., 2024; Zheng et al., 2024).

The reviewed studies indicate that patients who receive strong family support tend to report higher levels of quality of life. Emotional support from family members may reduce feelings of loneliness, hopelessness, and social isolation, while informational and instrumental support can help patients navigate treatment requirements and daily challenges. A supportive family environment may also foster greater confidence and independence, enabling patients to participate more actively in social and occupational activities. These findings suggest that family support contributes not only to symptom management but also to broader aspects of personal recovery and social functioning.

Family support was also consistently associated with better medication adherence. Adherence to antipsychotic treatment remains one of the most important determinants of long-term stability in schizophrenia. However, many patients face difficulties maintaining regular medication use because of cognitive impairments, poor insight, medication side effects, or limited motivation. Family involvement may help overcome these challenges by providing reminders, monitoring treatment compliance, facilitating communication with healthcare professionals, and encouraging patients to continue treatment. Therefore, family support serves as an important mechanism for maintaining treatment continuity and preventing symptom exacerbation.

Another important finding concerns the relationship between family support and relapse prevention (Sonbol et al., 2024; Azwar et al., 2025). Relapse remains a major challenge in schizophrenia management because repeated episodes are associated with functional decline, increased hospitalization, and poorer long-term prognosis (Xia et al., 2022). The studies included in this review consistently demonstrated that patients receiving inadequate family support experienced higher relapse rates compared with those who received strong support. Families who are actively involved in care are often better able to recognize early warning signs of relapse, respond promptly to symptom changes, and encourage adherence to treatment plans. These findings reinforce the importance of involving families as active partners in relapse prevention strategies.

While family support contributes positively to recovery, stigma continues to represent one of the most significant barriers to successful long-term outcomes in schizophrenia. The findings of this review indicate that stigma affects not only patients but also their family members and caregivers. Stigma may take several forms, including public stigma, self-stigma, and family stigma, all of which can negatively influence recovery processes.

Internalized stigma appears to be particularly harmful because it affects how patients perceive themselves. When individuals adopt negative societal stereotypes about mental illness, they may experience feelings of shame, worthlessness, and reduced self-esteem (Xiao et al., 2022; Zheng et al., 2024; Cui et al., 2024). These psychological consequences can decrease motivation to seek treatment, participate in rehabilitation programs, or engage in social activities. As a result, stigma may contribute to social withdrawal, reduced quality of life, and poorer mental health outcomes. The reviewed evidence suggests that reducing stigma should be considered a fundamental component of comprehensive schizophrenia care.

The findings further demonstrate that stigma affects family caregivers by increasing emotional burden and caregiving stress. Families who experience social judgment or discrimination because of a relative's mental illness may become socially isolated and emotionally exhausted. Over time, this burden may reduce the family's capacity to provide effective care and support. Consequently, stigma not only harms patients directly but may also weaken the support systems that are essential for recovery. Addressing family stigma is therefore crucial for improving both patient outcomes and caregiver well-being.

Moreover, the evidence indicates that stigma remains a global issue affecting schizophrenia patients across diverse cultural contexts. Despite advances in mental health awareness, misconceptions and negative attitudes toward schizophrenia continue to persist in many societies. These attitudes can limit access to employment, education, healthcare services, and social participation, thereby reinforcing social exclusion and inequality. The persistence of stigma highlights the need for broader public education initiatives and community-based interventions aimed at improving understanding of mental illness and promoting social inclusion.

An important contribution of this review is the identification of the interaction between family support and stigma. Although these factors are often studied separately, the findings suggest that they are closely related and may influence one another. Strong family support appears to buffer the negative effects of stigma by providing acceptance, emotional security, and social belonging. Patients who feel supported by their families may be better equipped to cope with stigmatizing experiences and maintain positive self-esteem.

Conversely, stigma may reduce the effectiveness of family support. Families who internalize stigmatizing beliefs about schizophrenia may become overprotective, critical, or emotionally distant. Such responses can hinder communication, reduce patient autonomy, and negatively affect recovery. Therefore, efforts to strengthen family support should also include interventions designed to reduce stigma among family members and caregivers.

The interaction between family support and stigma suggests that schizophrenia recovery should be viewed as a social process rather than solely a medical one. Effective treatment requires not only symptom management through pharmacological interventions but also the development of supportive family environments and stigma-free communities. Integrating these psychosocial dimensions into mental health services may significantly improve long-term outcomes.

The findings of this review have important implications for mental health professionals, policymakers, and healthcare organizations (Mirbahaeddin & Chreim, 2022; Patel et al., 2023; Kuhlmann et al., 2024). First, mental health services should prioritize family-centered approaches that actively involve family members in treatment planning, psychoeducation, and relapse prevention programs. Providing families with knowledge and skills related to schizophrenia management may strengthen their capacity to support patients effectively.

Second, interventions aimed at reducing stigma should be incorporated into routine mental healthcare. Public awareness campaigns, community education programs, and anti-stigma initiatives may help challenge misconceptions about schizophrenia and promote more inclusive attitudes. Family-focused stigma reduction programs may also improve caregiver well-being and strengthen family support systems.

Finally, healthcare providers should recognize that long-term recovery involves more than symptom reduction. Recovery-oriented care should address psychological, social, and environmental factors that influence patient functioning and quality of life. By simultaneously strengthening family support and reducing stigma, mental health services can create conditions that foster sustained recovery and improved long-term outcomes for individuals living with schizophrenia.

This review provides a comprehensive synthesis of current evidence regarding the influence of stigma and family support on long-term outcomes among individuals with schizophrenia. By incorporating studies with diverse methodologies and populations, the review offers a broad understanding of psychosocial factors affecting recovery. However, several limitations should be acknowledged. Most included studies employed cross-sectional designs, limiting the ability to establish causal relationships. Furthermore, variations in measurement instruments, study populations, and cultural contexts may have contributed to heterogeneity across findings. Finally, as a narrative review, the study is subject to potential selection bias and does not provide the statistical rigor of a systematic review or meta-analysis. Future research should employ longitudinal and experimental designs to better understand the causal pathways linking family support, stigma, and recovery outcomes in schizophrenia.

Conclusion

This narrative review demonstrates that family support and stigma are key psychosocial factors influencing the long-term outcomes of individuals with schizophrenia. Evidence from the 20 reviewed studies consistently indicates that strong family support contributes to improved quality of life, greater medication adherence, reduced relapse rates, enhanced motivation, and better psychosocial functioning. Conversely, stigma whether experienced by patients or family caregivers negatively affects psychological well-being, resilience, caregiving capacity, treatment engagement, and overall recovery. The findings further suggest that family support can mitigate the adverse effects of stigma by fostering acceptance, emotional stability, and social integration. Therefore, effective schizophrenia management should extend beyond pharmacological treatment and incorporate family-centered interventions, psychoeducation, and stigma-reduction strategies. Strengthening family involvement while addressing stigma at individual, family, and community levels may contribute significantly to improving recovery and long-term outcomes among individuals living with schizophrenia.

References

Agustina, N., Jannah, S. R., Mawarपुरy, M., & Fithria. (2022). Relationship between family burden, stigma, stress, social support, family acceptance, and family's ability in

caregivers of patients with schizophrenia. *International Journal of Current Science Research and Review*.

- An, J., Zhu, X., Shi, Z., & An, J. (2024). A serial mediating effect of perceived family support on psychological well-being. *BMC public health*, 24(1), 940. <https://doi.org/10.1186/s12889-024-18476-z>
- Andari, M. A., Karin, P. A. E. S., Suarningsih, N. K. A., Sulistiowati, N. M. D., & Wisnawa, I. N. D. (2024). The correlation between family support and family self-efficacy with relapse in individuals with schizophrenia. *Babali Nursing Research*. <https://doi.org/10.37363/bnr.2024.54408>
- As'Ari, M. F. M., Indari, & Adi, D. K. (2025). Hubungan antara dukungan keluarga dengan kekambuhan pada pasien skizofrenia di wilayah Puskesmas Gondanglegi. *Penelitian Keperawatan Kontemporer*. <https://doi.org/10.59894/jpkk.v5i5.1159>
- Azwar, M. A., Adam, A., & Widiastuty, L. (2025). The Effect of Family Support on the Relapse of Drug Abusers. *Window of Health: Jurnal Kesehatan*, 402-413. <https://doi.org/10.33096/woh.vi.1572>
- Cui, P., Yang, M., Hu, H., Cheng, C., Chen, X., Shi, J., ... & Zhang, H. (2024). The impact of caregiver burden on quality of life in family caregivers of patients with advanced cancer: a moderated mediation analysis of the role of psychological distress and family resilience. *BMC Public Health*, 24(1), 817. <https://doi.org/10.1186/s12889-024-18321-3>
- Dinata, B. A., Pribadi, T., & Triyoso. (2023). Dukungan keluarga dan kualitas hidup pada pasien dengan skizofrenia. *Holistik Jurnal Kesehatan*.
- Eddy. (2024). Pengaruh dukungan keluarga, kepatuhan minum obat, dan dukungan lingkungan sekitar terhadap kekambuhan pasien skizofrenia. *Paedagogy: Jurnal Ilmu Pendidikan dan Psikologi*.
- Eghbal Manesh, A., Dalvandi, A., & Zoladl, M. (2023). The experience of stigma in family caregivers of people with schizophrenia spectrum disorders: A meta-synthesis study. *Heliyon*.
- Gagiu, C., Dionisie, V., Manea, M. C., Mazilu, D. C., & Manea, M. (2024). Internalised stigma, self-esteem and perceived social support as psychosocial predictors of quality of life in adult patients with schizophrenia. *Journal of Clinical Medicine*. <https://doi.org/10.3390/jcm13226959>
- Hany, M., & Rizvi, A. (2025). *Schizophrenia*. StatPearls Publishing.
- Komalasari, L., Wardani, I. Y., & Winahayu, N. E. (2024). Hubungan ekspresi emosi, beban keluarga, dan stigma dengan dukungan keluarga pada pasien dengan skizofrenia. *Jurnal Kesehatan Masa Depan*. <https://doi.org/10.58516/fvkbgp60>
- Kuhlmann, E., Falkenbach, M., Brînzac, M. G., Correia, T., Panagioti, M., & Ungureanu, M. I. (2024). The mental health needs of healthcare workers: When evidence does not guide policy. A comparative assessment of selected European countries. *The International Journal of Health Planning and Management*, 39(3), 614-636. <https://doi.org/10.1002/hpm.3752>

- Latifah, R. A., Mahmud, U. H., & Syekha. (2025). Hubungan dukungan keluarga terhadap tingkat stigmatisasi pada klien skizofrenia di Panti Gramesia Kedawung. *Jurnal Keperawatan Galuh*. <http://dx.doi.org/10.25157/jkg.v7i2.20378>
- Liberitera, S., Novita, R. P., & Tsabita, A. (2025). Pengaruh dukungan keluarga terhadap kepatuhan minum obat pada pasien dengan skizofrenia paranoid di Rumah Sakit Jiwa Ernaldi Bahar, Provinsi Sumatera Selatan. *Jurnal Penelitian Sains*. <https://doi.org/10.56064/jps.v27i2.1250>
- Mirbahaeddin, E., & Chreim, S. (2022). A narrative review of factors influencing peer support role implementation in mental health systems: implications for research, policy and practice. *Administration and Policy in Mental Health and Mental Health Services Research*, 49(4), 596-612. <https://doi.org/10.1007/s10488-021-01186-8>
- Ningsih, U. T., Syamsuddin, S., Jalil, W., et al. (2023). Karakteristik dan angka kejadian skizofrenia rawat inap di RSKD Provinsi Sulawesi Selatan tahun 2021. *Fakumi Medical Journal: Jurnal Mahasiswa Kedokteran*. <https://doi.org/10.33096/fmj.v3i11.346>
- Norheim, I., Pedersen, R., Selle, M. L., Røssberg, J. I., Hestmark, L., Heiervang, K. S., Ruud, T., Åsholt, V. M., Hansson, K. M., Møller, P., Fosse, R., Kjus, S. H. H., & Romøren, M. (2025). Effectiveness of implementing family involvement on patient outcomes in individuals with psychotic disorders: A pragmatic cluster randomised controlled trial. *BMC Psychiatry*. <https://doi.org/10.1186/s12888-025-07501-z>
- Pahlawan, R. G., & Az Zahra, S. F. (2025). Dukungan keluarga dengan kekambuhan pasien skizofrenia: Studi korelasi di PKM Batujajar 2025. *Jurnal Riset Sains dan Kesehatan Indonesia*.
- Patel, V., Saxena, S., Lund, C., Kohrt, B., Kieling, C., Sunkel, C., ... & Herrman, H. (2023). Transforming mental health systems globally: principles and policy recommendations. *The Lancet*, 402(10402), 656-666.
- Patricia, H., Irman, V., Apriyeni, E., & Rahayuningrum, D. C. (2025). Family support and its impact on the motivation of schizophrenia clients. *Journal of Health Science and Medical Therapy*.
- Pesik, Y. C., Kairupan, R. B., & Buanasari, A. (2020). Hubungan dukungan keluarga dengan resiliensi caregiver skizofrenia di wilayah kerja Puskesmas Poigar dan Puskesmas Ongkaw. *Jurnal Keperawatan (JKp)*.
- Putri, T. M. (2025). Hubungan antara dukungan keluarga dengan kekambuhan pada pasien skizofrenia. *Jurnal Penelitian Perawat Profesional*.
- Rahayuningrum, D. C., Nofia, V., Sari Dewi, R. I., & Zulfianis, M. (2021). Hubungan dukungan keluarga dengan kualitas hidup pasien skizofrenia. *Jurnal Kesehatan Medika Sainika*. <http://dx.doi.org/10.30633/jkms.v12i1.1105>
- Sari, D. M. (2023). Sikap keluarga dengan stigma yang dirasakan klien skizofrenia. *Jurnal Pustaka Keperawatan*. <https://doi.org/10.55382/jurnalpustakakeperawatan.v2i2.636>
- Sonbol, H. M., Amr, M. A., & Simon, M. A. (2024). Family-based contributors in relapse and relapse prevention among patients with substance use disorder: an exploration of risk and prognostic factors. *Addiction & Health*, 16(1), 17.
- Syafwan, R. A. (2025). Skizofrenia. *KLINIK: Jurnal Ilmiah Kedokteran dan Kesehatan*.

- Tozoglu, E. O., & Gürbüzler, N. (2024). Internalized stigma level, family self-stigma, and family burden of patients receiving community mental health center services: A comparative, longitudinal study. *Frontiers in Psychiatry*. <https://doi.org/10.3389/fpsy.2024.1469448>
- Tsanifiandi, F., Fitriyasari, R., Astuti, I. T. P., & Hidayati, N. (2024). Pengaruh dukungan keluarga terhadap QOL pasien skizofrenia: Systematic review. *Jurnal Kesehatan Terpadu (Integrated Health Journal)*.
- Wang, L., Chen, Y., Hu, C., & Qin, H. (2021). Influence of family dynamics on stigma experienced by patients with schizophrenia: Mediating effect of quality of life. *Frontiers in Psychiatry*.
- Wang, X., Hu, J., Wang, X., Liu, J., & Wang, Y. (2025). Prevalence of stigma among patients with schizophrenia: A multi-country systematic review and meta-analysis. *Frontiers in Psychology*. <https://doi.org/10.3389/fpsyg.2025.1673832>
- Wulandari, P. (2025). Hubungan antara resiliensi dan stigma keluarga terhadap pasien skizofrenia di Poliklinik Rumah Sakit Jiwa Daerah Dr. Samsi Jacobalis Provinsi Kepulauan Bangka Belitung tahun 2024. *Jurnal Keperawatan Sisthana*. <https://doi.org/10.55606/sisthana.v10i1.1644>
- Xia, Y., Gong, Y., Wang, H., Li, S., & Mao, F. (2022). Family function impacts relapse tendency in substance use disorder: mediated through self-esteem and resilience. *Frontiers in psychiatry*, *13*, 815118. <https://doi.org/10.3389/fpsy.2022.815118>
- Xiao, J., Chow, K. M., Choi, K. C., Ng, S. M., Huang, C., Ding, J., & Chan, W. C. (2022). Effects of family-oriented dignity therapy on dignity, depression and spiritual well-being of patients with lung cancer undergoing chemotherapy: a randomised controlled trial. *International journal of nursing studies*, *129*, 104217.
- Xiao, J., Chow, K. M., Choi, K. C., Ng, S. M., Huang, C., Ding, J., & Chan, W. C. (2022). Effects of family-oriented dignity therapy on dignity, depression and spiritual well-being of patients with lung cancer undergoing chemotherapy: a randomised controlled trial. *International journal of nursing studies*, *129*, 104217. <https://doi.org/10.1186/s12912-024-02114-5>
- Zheng, J., Feng, S., Gao, R., Gong, X., Ji, X., Li, Y., ... & Xue, B. (2024). The relationship between organizational support, professional quality of life, decent work, and professional well-being among nurses: a cross-sectional study. *BMC nursing*, *23*(1), 425. <https://doi.org/10.1186/s12912-024-02114-5>
- Zheng, J., Feng, S., Gao, R., Gong, X., Ji, X., Li, Y., ... & Xue, B. (2024). The relationship between organizational support, professional quality of life, decent work, and professional well-being among nurses: a cross-sectional study. *BMC nursing*, *23*(1), 425. <https://doi.org/10.1186/s12912-024-02114-5>