Psychiatric disorders carry a stigma which usually leads to discrimination and causes problems in many aspects of life. People with mental illness thus have difficulties getting a job, finding housing and making (or keeping) friends or partners. The stigma adds misery to the life of individuals with a mental disorder. It affects their families, professionals, and others who provide them with care.

Many studies have shown that people with mental disorders avoid seeking help because they are afraid of stigmatization and its consequences [1-3]. They come to a medical service and their condition is given a diagnosis with mental disorder such as schizophrenia. Physicians hesitate to tell their patients a diagnosis with schizophrenia or other major mental disorder because it is stigmatized, linked to notions of dangerousness, incurability, and unpredictability, making patients feel that there is no hope and that there is no point in following recommendations concerning their lifestyle or the treatment of their illness. Based on the progress of development and improvement of psychiatry treatment and care in the recently decades, the treatment course and outcome of schizophrenia and other major mental disorders have been significantly improved. Unfortunately, the public still preserve the traditionally bad perception about schizophrenia or other major mental disorders as the concept that overdosing a hypnotic drug could cause immediate death.

In recent years, psychiatrists in several countries where psychiatric diagnoses are used in their local language form decided to change the names of two most severe mental disorders: schizophrenia and dementia. This effort in turn should lead to better collaboration in treatment, facilitate rehabilitation as well as enable the inclusion of patients in their community and other social networks.

A change of name must be accompanied by updating and revising the concepts of diseases. For example, the notion that schizophrenia, means splitting of mind, inevitably leads to poor outcome, would have to be replaced by available and accepted evidence that many people with schizophrenia who are given appropriate treatment recover and can lead a normal life [4] and that the condition of those whose disease is resistant to treatment can be improved to a significant degree. Currently, Sartorius initiated a team who describes changes and proposals for renaming schizophrenia and dementia in several Asian countries, including Japan, Taiwan, Korea, Singapore, China and Hong Kong [5]. The undersigned were invited to participate. First, renaming schizophrenia is described briefly as followed: In Japan, the new name is togo-shitcho-sho (integration disorder). In Taiwan, the new name is sī jué shī tiáo zhèng (disorder with dysfunction of thought and perception). In Hong Kong, Cantonese is si jue shi tiao. Renaming schizophrenia in Taiwan and Hong Kong is the same in mandarin but different pronunciations. In Korea, the new name is johyun-byung (attunement disorder). In Singapore and China, there is no formal proposal to change name of schizophrenia. Although, proposals to change
the name of schizophrenia have been made by user groups in Europe [6, 7] and by scientists (e.g., salience disorder); the process of renaming schizophrenia in Asian countries is faster than in European counterparts. The more detail about the renaming process in these Far East Asian countries has been described in the current issue of *Schizophrenia Bulletin* [5]. The process of renaming dementia in several Asian countries will be described later. (The authors declare no potential conflict of interest in writing this report.)

**References**


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