Ethnic minority groups, particularly African-Caribbean and Black African groups, are at increased risk of psychosis in the UK.

Cantor-Graae, Elizabeth

Published in:
Evidence-Based Mental Health

DOI:
10.1136/ebmh.10.3.95

2007

Citation for published version (APA):
Cantor-Graae, E. (2007). Ethnic minority groups, particularly African-Caribbean and Black African groups, are at increased risk of psychosis in the UK. Evidence-Based Mental Health, 10(3), 95-95. DOI: 10.1136/ebmh.10.3.95

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
Ethnic minority groups, particularly African-Caribbean and Black African groups, are at increased risk of psychosis in the UK

Elizabeth Cantor-Graae

*Evid. Based Ment. Health* 2007;10;95-

Updated information and services can be found at:
http://ebmh.bmj.com/cgi/content/full/10/3/95

**These include:**

**References**
This article cites 4 articles, 2 of which can be accessed free at:
http://ebmh.bmj.com/cgi/content/full/10/3/95#BIBL

**Rapid responses**
You can respond to this article at:
http://ebmh.bmj.com/cgi/eletter-submit/10/3/95

**Email alerting service**
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

**Notes**

To order reprints of this article go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to *Evidence-Based Mental Health* go to:
http://journals.bmj.com/subscriptions/
Is there an increased risk of psychotic illness in ethnic minority groups in the UK?

PREVALENCE

Ethnic minority groups, particularly African-Caribbean and Black African groups, are at increased risk of psychosis in the UK


Q Is there an increased risk of psychotic illness in ethnic minority groups in the UK?

METHODS

- **Design:** Longitudinal study.
- **Setting:** General population in Southeast London, Nottingham, and Bristol, UK; September 1997 to August 1999.
- **Population:** 1,029,802 people aged 16–64 years living in the three study areas.
- **Assessment:** People presenting to mental health services for the first time with delusions, hallucinations, thought disorder, or negative symptoms of schizophrenia were referred for assessment interview. Patient information systems for London and Nottingham were additionally searched for relevant psychotic diagnostic codes. Interviewees were assessed with the PSE SCAN v 2.0. Case notes of people unable to be interviewed were assessed with the item Group Checklist of the SCAN interview. Sociodemographic factors were assessed with a specially designed questionnaire. Ethnicity was determined by three separate assessors based on self-description of ethnicity, place of birth, and parents’ place of birth. Classifications were White British, Black African, African-Caribbean, Asian, Mixed or White Other. Consent diagnoses (ICD-10) were made by clinicians blinded to ethnicity.
- **Outcomes:** ICD-10 psychosis (including schizophrenia and other psychoses).

MAIN RESULTS

568 people were diagnosed with psychotic illness during the 1.6 million person-years of follow-up. Psychosis incidence was higher in all British ethnic minority groups than in the White British group (see table). Schizophrenia and mania were highest in African-Caribbeans vs 7.2 in White British; incidence rate ratio (IRR) 9.1, 95% CI 6.6 to 12.6; mania incidence per 100,000 70.7 in African-Caribbeans vs 7.2 in White British; incidence rate ratio (95% CI) 12.3; IRR vs White British: 6.2, 95% CI 3.1 to 12.1).

Incidence of psychosis in British ethnic groups

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Age-standardised incidence rate (per 100,000 persons/year)</th>
<th>Incidence rate ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-Caribbean</td>
<td>140.8</td>
<td>6.7 (5.4 to 8.3)</td>
</tr>
<tr>
<td>Black African</td>
<td>80.6</td>
<td>4.1 (3.2 to 5.3)</td>
</tr>
<tr>
<td>Other</td>
<td>55.0</td>
<td>2.6 (1.7 to 3.9)</td>
</tr>
<tr>
<td>Mixed</td>
<td>45.9</td>
<td>2.7 (1.8 to 4.2)</td>
</tr>
<tr>
<td>White Other</td>
<td>33.1</td>
<td>1.6 (1.1 to 2.2)</td>
</tr>
<tr>
<td>Asian</td>
<td>31.6</td>
<td>1.5 (0.9 to 2.4)</td>
</tr>
<tr>
<td>White British</td>
<td>20.2</td>
<td>1 (reference group)</td>
</tr>
</tbody>
</table>

CONCLUSIONS

The incidence of psychoses in the UK is higher in ethnic minority groups than the White British group, and is highest in African-Caribbean and Black African groups.

Commentary

The increased risk of schizophrenia in African-Caribbeans in the UK is an unexplained, yet strikingly consistent phenomenon. Although studies from the European continent have reported similar findings for other migrant groups, the extent to which the migrant “effect” in African-Caribbeans may be extended to all ethnic minority groups in the UK and to other types of psychoses remains unclear. These important questions have recently been investigated in the AESOP (Aetiology and Ethnicity of Schizophrenia and Other Psychoses) study, the largest population-based incidence study of psychosis in the UK thus far. The study was conducted in Southeast London, Nottingham and Bristol—the three sites with well-established, heterogeneous minority populations. Several methodological improvements compared to previous UK studies may be noted. Background population data were derived from the 2001 Census and collected for the individual rather than household level. A detailed description of ethnicity was performed, with self-ascribed ethnicity allocated into seven categories. The majority of cases were interviewed directly, with operational consensus diagnoses made by clinicians blind to ethnicity. Age-standardised incidence rates were calculated for males and females separately for “all psychoses” (F20-33), “narrow schizophrenia” (F20), “manic psychosis” (F30-31), “depressive psychosis” (F32-33), and “other psychosis” (F10-29).

Incidence rates were markedly raised for all psychoses in both African-Caribbeans and Black Africans (both men and women) across all three study sites. The rates for schizophrenia and for manic psychosis in African-Caribbeans and Black Africans are among the highest ever reported for migrants; 2,3 albeit well in line with previous reports of especially increased risk of schizophrenia in migrants from developing countries or countries where the majority population is black.2 No evidence of any particular age effect was found. Findings of more modestly elevated incidence rates for all psychoses in the other minority groups nevertheless indicate that all migrant groups are generally at increased risk for all types of psychosis. The current findings seriously challenge the prevailing notion that schizophrenia is uniformly distributed across groups and implicate the need for adequate service provision for minority populations.

Elizabeth Cantor-Graae, PhD
Department of Health Sciences, Division of Social Medicine and Global Health, Lund University, Malmö, Sweden

Competing interests: None declared.