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

Fearon P, Kirkbride JB, Morgan C, *et al*. Incidence of schizophrenia and other psychoses in ethnic minority groups: results from the MRC AESOP study. *Psychol Med* 2006;**36**:1541–50.

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. Consensus 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 (schizophrenia incidence per 100 000 persons per year: 70.7 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 persons per year: 15.5 in African-Caribbeans vs 2.2 in White British; IRR 8.0, 95% CI 4.3 to 14.8), and second highest in Black-Africans (schizophrenia incidence per 100 000 persons per year: 40.3; IRR vs White British: 5.8, 95% CI 3.9 to 8.4; mania incidence per 100 000 persons per year: 12.3; IRR vs White British: 6.2, 95% CI 3.1 to 12.1).

Incidence of psychosis in British ethnic groups

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

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.

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Commentary

The increased risk of schizophrenia in African-Caribbeans in the UK is an unexplained, yet strikingly consistent phenomenon.[1] Although studies from the European continent have reported similar findings for other migrant groups,[2 3] 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—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 psychosis" (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.

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Competing interests: None declared.

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3 McGrath J, Saha S, Welham J, *et al*. A systematic review of the incidence of schizophrenia: the distribution of rates and the influence of sex, urbanicity, migrant status and methodology. *BMC Med* 2004;**2**:13.