

Is this a racist diagnosis?

Last week the department of health announced it was setting up a special unit to monitor the health needs of ethnic minorities. Specific diseases to be addressed included sickle cell anaemia, hypertension, and diabetes. But top of the list was schizophrenia.

For some years psychiatrists have noted that patients of Afro-Caribbean origin are particularly likely to be admitted to psychiatric units with a diagnosis of schizophrenia. They are also particularly at risk of being admitted to locked wards or secure units under the terms of the Mental Health Act. Many doctors felt this was probably an artefact of the different ways various agencies, including doctors and the police, responded to patients who were both black and mentally ill, rather than a reflection of any real difference in predisposition to schizophrenia.

However, this view looks increasingly untenable. Several studies, starting with a careful investigation carried out by Dr Glyn Harrison in Nottingham, have suggested that the true rate of schizophrenia in those of Afro-Caribbean origin is substantially increased compared to other ethnic groups. Furthermore, this increase is strongest in those born in this country — the second generation.

The first question posed by the critics of these studies, and there were many such critics, is how reliable are the figures? In order to calculate the true rate of schizophrenia one must link the number of cases with the total number of Afro-Caribbeans in the community. However, the UK census data used to be colour blind — recording place of birth and not ethnicity. Hence it was argued that the figures of schizophrenia only seemed high because the researchers had underestimated the number of black people in this country. But although the figures were questionable, it

Schizophrenia among Afro-Caribbeans is a major public health problem. Simon Wessely examines its causes

was never likely that this would explain the size of the increase in schizophrenia, and with the publication of the 1991 Census, which recorded ethnicity as well as place of birth, this explanation has been discounted.

Critics also suggested that the figures were due to misdiagnosis — psychiatrists wrongly labelling Afro-Caribbeans as schizophrenic. However, no evidence has been put forward to confirm this. It now seems likely that the excess of schizophrenia in Afro-Caribbean is genuine. What are the possible explanations? The main obstacle to answering the question is that the cause of schizophrenia itself is unknown. However, certain factors are known to increase the risk of illness — are they the cause of this epidemic?

First, genetics. It is beyond dispute that there is a substantial genetic contribution to schizophrenia, but this is unlikely to explain the Afro-Caribbean excess. Although

the data is not a precise as one would like, there is no evidence that the rates of schizophrenia in the Caribbean are anything like as high as those found in this country. Since the greatest risk is found in second generation Afro-Caribbeans, genetic explanations are untenable.

The second explanation is related to brain development. There is evidence relating adult schizophrenia to events in early childhood, or even when the foetus is still in utero. Researchers led by Robin Murray at the Institute of Psychiatry have used data from England and Wales to show that mothers whose pregnancy took place during the 1957 "Asian flu" epidemic had children who, many years later, were more likely to develop schizophrenia. This is confirmed by a new Scottish study. Afro-Caribbean women, newly arrived in this country, are believed to have

been more vulnerable to influenza because of lack of immunity back in their home islands. Nevertheless, problems still exist with this theory. Not everyone has found such a clear relationship between maternal influenza and later schizophrenia. The link itself seems to be far stronger for female children than male, and probably accounts for no more than 10 per cent of all schizophrenia cases in later life.

The third possibility relates to drug use. There is increasing evidence from Sweden that cannabis misuse is associated with later schizophrenia. In this country those most at risk of schizophrenia, young black men, are also great users of cannabis. However, if this were the sole explanation, then one would expect equally high rates of schizophrenia in Caribbean islands such as Jamaica, which has not been found.

The final possibility relates to social factors. The onset of schizophrenia is linked to the

experience of social adversity, both acute and chronic. About the one fact that everyone agrees upon in this sensitive area is that Afro-Caribbeans experience more than their fair share of poverty, unemployment, poor housing, living in the inner city and family breakdown. All may act to trigger schizophrenia in the predisposed individual. The only way to determine if this is true is to look at the rates of schizophrenia in Afro-Caribbeans not subjected to such social disadvantages. The tragedy is that as yet there simply is not a large enough black middle and upper class to permit such investigations.

There are two possible approaches to the problem. The first is to deny its existence — to blame it on inadequate statistics or racist psychiatrists. The second is to acknowledge that schizophrenia among Afro-Caribbeans is a major public health problem. This is the view now taken by the Department of Health.

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They didn't join Dateline



West Indians arriving in the 1950s may have been especially vulnerable to flu virus