

Unpublished

Ethnic research – whose benefit? by Suman Fernando, 2 January 2010

Eaton and Harrison (2000) have pointed out the lack of progress in British epidemiological psychiatric research into ethnic issues; I believe this is largely due to what Kuller (1999) terms ‘circular epidemiology’. Essentially this is the continuation of a particular line of research after having established something beyond reasonable doubt. Good epidemiological studies ‘progress from descriptive to analytic to experimental epidemiology and then to studies of effectiveness leading to prevention’ (1999: 897). Circular epidemiology often comes about because researchers are unwilling (or unable to) question their methodology or test out hypotheses that may challenge dogmatically held ideologies.

Today, medical-type epidemiological research into the high rates of schizophrenia diagnosed among African Caribbeans in the UK seems to be stuck in a rut. Researchers cannot or will not: (a) question the dogma of traditional diagnostic categorization; (b) look for ways of analysis (of mental health problems) based on anything but western cultural concepts (usually represented by the traditional diagnoses); (c) shift from their adherence to the biomedical model that reduces the complexity of the human condition to consideration of ‘illness’ and ‘normality’ interpreted in strict medical terms; and (d) look at new ideas from service users and other stakeholders with an interest in the practice of psychiatry and mental health services. The thing about circular epidemiology is that researchers in the field are under pressure to produce ‘answers’ (not least because they have eaten large chunks of tax payers money). They then start trawling their data to find something that seems to fit the bill, often producing some sort of conclusion that resonates with popular prejudices or political expediency.

History of ‘ethnic research in England

The phenomenon of high rates of ‘schizophrenia’ being diagnosed among African Caribbean people has been noted in UK since the early 1980s. At that time, the assumption was that this high ‘rate’ was a biological phenomenon, associated in some way with tendencies to violence and cannabis use of black people, reflecting biological-genetic differences between black and white people. I recall geneticists seeing some mileage in the quest for the ‘cause’ of schizophrenia (at that time assumed to be genetic) resulting from intense studies of black people. As we know genetic markers for schizophrenia were never found anyway, and the modern approach to most ‘mental illness’ is that there is unlikely to be specific genetic or biological causes, although psychiatry still seems to adhere to its Krapelinian tradition.

In the late 1980s, the so-called high incidence of schizophrenia among black people was attributed to perinatal virus infection in the mothers of women who migrated from West Indies. This theory was based on a series of assumptions concerned with minor brain damage caused by virus infections. Several eminent (*sic*) researchers supported this hypothesis – for example Wing, Eagles, Harrison and Wessely (see page 55 of the book referred to below). From the 1990s onwards there was a great deal of debate around issues about (lack of) cultural sensitivity and institutionalised racism in the diagnostic models in psychiatry and more generally; discriminatory processes in mental health services themselves; and racism in society at large. Much of this debate was fostered by high profile reports of serious injustices in society, including mental health services and psychiatry. Social scientists and mental health professionals voiced critical comments

about the current system of mental health care and psychiatry in particular, and several reports highlighted the extent of racism in mental health services. (See my books for references.) In this context, the view gained ground that the 'high incidence' of schizophrenia among black people in the UK was a phenomenon arising from culturally inappropriate ways of assessing people for 'mental illness' coupled with institutional racism within mental health services (including the practice of psychiatry) and society at large. However, very little research apart from medical-type traditional diagnosis-based research was funded. Power structures in the way research money was allocated did not allow much else.

It is now about thirty years since the first observations were made about 'racial inequalities' in psychiatry and mental health service provision. Over these years, narrow medical-type research (the type that was used in the International Pilot Study of Schizophrenia – IPSS) has been largely discredited among thinking people. But now medical researchers have come up with a 'new' claim. The AESOP studies conclude that the cause (of schizophrenia in black people) is not genetic, or indeed 'social' in a wide sense, but lies in abnormal family patterns, especially early separation of (black) children from their parents, especially fathers. This so-called finding is an extrapolation from an association that the researchers claim to have found in their data on family history between these family patterns and schizophrenia in adults.

The approach of AESOP was flawed from the start. The researchers used a way of diagnosing schizophrenia identical to that used by IPSS in the 1970s; this approach to 'diagnosing' was criticized at the time for being culturally insensitive mainly because it consisted of merely imposing a diagnostic system without allowing for how populations in non-western cultures viewed health and illness. An even more serious error of the AESOP is that the researchers seem to have extrapolated from association to 'cause' in a situation as complex as family life. Because they say they found some aspects of family life in childhood associated with adult 'schizophrenia', they assumed that one caused the other. This is unscientific and totally unacceptable, especially when it results in highly contentious – possibly racist – 'conclusion' being arrived at.

We can perhaps just ignore AESOP - after all it was published over five years ago and made little impact on thinking at the time. Although it was carried out several years ago, its 'conclusions' about family 'pathology' have apparently been taken up by the mental health tsar with a view to devising government policy. *Why now?* According to an article in the Society Guardian of December 15, 2009 (quoted under 'News' on my website (www.sumanfernando.com), the mental health tsar appears to back the views of one of the authors of AESOP who talks of 'social engineering, particularly to try to strengthen family structures in the African Caribbean community, with a view to keeping children in stable families'. The tsar claims that government will shortly bring out a 'public health and prevention publication' to address the causes of mental illness in 'ethnic minorities'. He goes on to say (perhaps letting the cat out of the bag): 'Instead of trying to build separate services for individual groups, it is about a service that is more personal to individuals'. *Is this then an excuse for withdrawing funding from services directed at needs of ethnic minorities?* Another political reason for using the spurious conclusions of AESOP may relate to the fact that the government plan called 'Delivering Race Equality' (DRE) is just about ending with apparent complete failure to meet any of its targets in redressing racial inequality in mental health services. The mental health tsar is quoted in the Society Guardian article: 'The causes [of schizophrenia in African

Caribbeans] are social causes affecting people before they come into contact with mental health services'. *Is this then being presented as the reason why DRE has failed?*

It may be that AESOP with its poor research is being used for political purposes i.e. withdrawing funding from ethnic minority services *and* explaining the failure of DRE - killing two (political) birds with one AESOP. Presenting all this in terms of meeting an 'epidemic of schizophrenia' brings in a racist undertone that may have a populist appeal. No wonder the Guardian article and the AESOP 'research' has been taken up by the BNP.

END

This is an unpublished article. It is based partly on chapter 4 in my book *Cultural Diversity, Mental Health and Psychiatry*, Hove and New York: Brunner-Routledge, 2003. For references see bibliography in the book and references in the item in *NEWS* 'Over-diagnosis of schizophrenia among African Caribbean people'.