

Abstract

Background

Early intervention in psychosis services [EIS] were set up in 2002 throughout the United Kingdom based on an anticipated incidence of 15 new cases of psychosis per 100,000 person-years. Anecdotal reports thereafter have suggested that incidence rates were higher than expected through EIS and that the incidence of first episode psychosis was higher in black and minority ethnic [BME] groups than in the white British group. Immigrants to the UK are believed to be a strain on already-stretched public resources, but whether this is the case in early intervention services remains unknown.

Aims

To: (1) estimate the clinically-relevant incidence of psychosis in one epidemiologically-complete EIS over a six-year period; (2) investigate whether incidence rates were comparable to rates in more urban UK settings (Aetiology and Ethnicity in Schizophrenia and Other Psychosis Study [AESOP] & East London First Episode Psychosis Study [ELFEP]); (3) understand whether rates varied by age, sex and ethnicity.

Methods

Population-based study of all clinically relevant ICD-10 first episode psychosis [F10-39], in people aged 17-35 years, detected in EIS for Cambridgeshire Assessing Managing and Enhancing Outcomes for People with Early Symptoms of Psychosis Service (CAMEO), from 2002 to 2007. Denominator data were estimated from mid-year census statistics. Crude and directly standardised rates (for age, sex & ethnicity to the population of England estimated from the 2001 Census) were calculated with 95% confidence intervals (95% CI) and compared with rates from AESOP and ELFEP. Poisson regression identified variation in rates by sociodemographic characteristics.

Results

285 cases over 569,921 person-years were identified with a crude incidence of 50.0 per 100,000 person-years (95%CI: 44.5-56.2), higher than anticipated and comparable with recent estimates from more urban UK settings. Rates in men were double those in women, declining with age for both sexes. After adjustment for age and sex rates were elevated for people from black ethnic groups (IRR: 2.0; 95%CI: 1.1-3.8). No increased rate was observed in other minority ethnic groups.

Conclusions

These results provide the first evidence that EIS may be identifying a higher rate of psychosis in the population than previously estimated. This has important implications for mental health service planning. Rates in black groups were elevated, though lower than elsewhere. Rates in other minority ethnic groups were not elevated compared with the white British group; possible reasons and implications for this are discussed.

Declaration of interest: None

List of abbreviations: EIS, Early Intervention in Psychosis Service(s); FEP, First Episode Psychosis; BME, black and minority ethnic; NHS, National Health Service; AESOP, Aetiology and Ethnicity in Schizophrenia and Other Psychosis Study; ELFEP, East London First Episode Psychosis Study