ABSTRACT


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Thirty-two African Caribbean patients who were Forensic Psychiatric Service-users in England were assessed by a Consultant Psychiatrist during the four-year period of 1996 – 2000. These patients were the cohort for this study. The study involved a comparison of some of the characteristics of the native-born and migrant African Caribbean patients.

Twenty-three patients (71.9% of the cohort) were born in Britain while the others were born in the Caribbean.

The mean age of the cohort was 34.3 years. Seventy-five percent of the patients were men.

According to this study, the place of assessment was associated with the territory of birth. The British-born patients were more likely to have been assessed in a psychiatric or legal institution (e.g. a secure psychiatric hospital or prison).

The “companionship status” of each group was not significantly different from the other. When the patients were examined as one group, it was seen that more than a third of the patients (37.5%) lived alone.

There was a weak association between territory of birth and primary caregivers, with the British-born patients being marginally more likely to have been reared by both parents (under the age of eighteen years) than the Caribbean-born patients.

The association between territory of birth and previous social work care was not significant. The majority of patients in both groups had previous social work intervention.

The type of accommodation was not significantly different between the groups.

The educational level attained by the British-born patients was significantly higher than that of the migrant patients.

The employment profiles of the two groups were similar, that is, there was no significant difference between them.
There was no association between the forensic charges at the time of assessment and the territory of birth.

In this study there was no association between the category of primary psychiatric diagnosis (Psychosis or Personality Disorder) and the territory of birth. The weak association seen between primary caregiver and territory of birth indicates that the British-born patients are marginally more likely to have had the benefit of being reared by both parents. This, along with the benefit of a higher educational level, did not confer an advantage over the migrant patients in terms of their rate of developing forensic psychiatric problems.

The literature indicates that second-generation African Caribbean people (those born to migrants) are those with the highest rate of psychosis. There is thus a tendency to believe that there are different stressors affecting the different generations of African Caribbean people living in Britain. There were two psychosocial variables which were associated with territory of birth. This study, however, suggests that African Caribbean people in Britain are, in general, exposed to the same severe psychosocial stressors, regardless of territory of birth and these stressors are likely to be contributory to the high rates of forensic and psychiatric problems seen in this ethnic group in Britain.