**Supplementary Methods (for online-Supplement)**

The last version of the study protocol was registered on 12 February 2018 with PROSPERO: CRD42017055488 ([www.crd.york.ac.uk.prospero](http://www.crd.york.ac.uk.prospero)).

Using the combination of keywords {“psychotic disorder” OR “schizophrenia” OR “psychosis” OR “mania” OR “affective”} AND {migrant OR migrants OR immigrant OR immigrants OR ethnic OR ethnicity} AND {ratio OR incidence OR odds}, and the special feature “explosion”, we searched the PubMed, Embase and PsychInfo databases for relevant articles in English, French or German published between 1 January 1977 and 12 October 2017. The lower limit of 1977 was selected, because a publication in that year (Cochrane, 1977) constituted a marked progress over many previous studies that failed to adjust the results for age differences between migrants and natives.

Three researchers (either FT & Olga Warmerdam [see Acknowledgement] or FT & EvdV) screened 8305 records, independently, and identified 69 articles suitable for in-depth evaluation. Fifty-two of 69 papers were already known to the authors. A further seven articles were identified by reading the reference lists of the obtained articles: four did not provide the keywords indicative of an epidemiological analysis (Hitch and Clegg, 1980; Krupinski, 1980; McGovern and Cope, 1987; Rwegellera, 1977), but were included in an earlier meta-analysis (Cantor-Graae and Selten, 2005), one study concerned intercountry adoptees (Cantor-Graae and Pedersen, 2007a), and two studies escaped the selection for other reasons (Hogerzeil *et al.*, 2017; Manhica *et al.*, 2016). Conference abstracts were excluded. A summary of the selection procedure and number of screened and selected articles is given in Supplementary Figure 1. We contacted the first authors of three papers for additional information (Bansal *et al.*, 2014; Kirkbride *et al.*, 2017a; Kirkbride *et al.*, 2017b).

Seven of the 76 selected articles were excluded for the following reasons: age correction was not performed (Boydell *et al.*, 2013; Carpenter and Brockington, 1980; Nielssen *et al.*, 2013), psychotic and non-psychotic disorders were included in the same effect size (Bruxner *et al.*, 1997), an ethnic minority population was included instead of a migrant group (Bresnahan *et al.*, 2007), or a deviant effect measure was used without population-based denominator data (Dealberto *et al.*, 2011; Kroll *et al.*, 2011). A further 11 studies were excluded because they investigated the prevalence of psychotic disorder (Amad *et al.*, 2013; Brugha *et al.*, 2004; Gabrielsen and Kramp, 2009; McGrath *et al.*, 2001; Menezes *et al.*, 2011; Norredam *et al.*, 2009, 2010; Qassem *et al.*, 2015; Schrier *et al.*, 2001; Selten *et al.*, 2012; Wijesinghe and Clancy, 1991).

The remaining 58 articles were checked for full or partial overlap in study population. Nine articles were excluded because of overlap with another article: King *et al*., 1994, because of overlap with Goater *et al*., 1999; Boydell *et al*., 2001, because of overlap with van Os *et al*., 1996; Mitter *et al*., 2005, because of overlap with Reeves *et al.,* 2001; Sundquist *et al*. 2004 because of overlap with Westman *et al*., 2006 and Leao *et al.*, 2006; Westman *et al*., 2006, because of overlap with Leao *et al.*, 2006; Leao *et al.*, 2005, because of overlap with Leao *et al*., 2006; Veling *et al.* 2011., because of overlap with Veling *et al*., 2006; Hogerzeil *et al*., 2017, because of overlap with Veling *et al*., 2011, and Veling *et al*., 2006; and Schofield *et al.* 2017, because of overlap with Cantor-Graae and Pedersen, 2013.

Six other pairs of articles overlapped in study population, but were retained because each article contributed in its own way to the present analysis. Some articles used a different definition of outcome (e.g., schizophrenia versus non-schizophrenic psychotic disorder) or a different classification or subpopulation of interest (e.g., first vs. second generation): Mortensen *et al*., 1997 (estimates for diagnostic category ‘NAPD other than Schizophrenia’) and Cantor-Graae *et al.*, 2003 (estimates for diagnostic category ‘Schizophrenia’); Selten *et al.,* 2001 (retained for analysis of psychotic disorder, without distinction between APD and NAPD) and Veling *et al*., 2006 (for the analysis of NAPD); Hjern *et al*., 2004 (patients younger than 20 years) and Leao *et al*., 2006 (patients aged 20 years and older); Cantor-Graae *et al.,* 2005 (estimates for second-generation migrants) and Hollander *et al.,* 2016 (estimates for first-generation migrants); Coid *et al*., 2008 (separate estimates for first- and second-generation migrants) and Kirkbride *et al*., 2008 (no distinction by generation); Hollander *et al*., 2016 and Manhica *et al*., 2016 (estimate for refugees from East-Africa in Manhica *et al*., 2016 excluded because of presence of the same subgroup in Hollander *et al.*, 2016).

Most studies based the designation of migrant status on the country of birth of the subjects in question or their parents. Several studies conducted in the UK, however, were based on categories derived from national censuses, with some studies using “whites” or “the remainder of the general population” as the reference group. Thus, some members of the reference group may actually have migrated to the UK , and some members of ethnic minority populations may have lived in the UK for more than two generations. This type of classification error would, however, primarily tend toward an attenuation of the relative risks currently obtained for migrants (Cantor-Graae and Selten, 2005). Thus, the present study designates the reference group as “the reference population”.

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