Migration-Acculturation Impacts on Latino Mental Health

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Why study migration and mental health?

1. Migration processes contribute to ethnic and racial disparities in mental health morbidity and treatment in the US.

2. Migration has **transnational effects** on population health.

3. Migration provides an opportunity to separate genetic and environmental influences on mental disorders.

Source: Borges, 2011
MAPSS

Mexican American Prevalence and Services Survey (MAPSS)

NIMH: 1RO1 MH51192-01

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Lifetime Prevalence of CIDI Disorders in MAPSS, Mexico City, and NCS

Vega, Kolody, Aguilar-Gaxiola et al., Archives of General Psychiatry, 1998
Lifetime Prevalence of CIDI Disorders in MAPSS, México City, and NCS

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Acculturation is Hazardous to Health

Protective behaviors decrease with acculturation:

- Drug Consumption
- Smoking
- Alcohol Use
- Quality of Diet

Lifetime Prevalence of Substance Disorders

Age of Arrival

Source: MAPSS data
Lifetime Prevalence of Substance Use Associated to Migration to the US

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Migrants</th>
<th>Migrants in the family</th>
<th>No migrants in the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Substance Use</td>
<td>19.6</td>
<td>8.4</td>
<td>5.9</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>19.2</td>
<td>8.1</td>
<td>5.8</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>3.6</td>
<td>1.9</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Source: Borges & Medina-Mora, 2008
Mexico-US Migration and Mental Health Study (MUMMHS)

Mexico National Comorbidity Survey (MNCS) (N=5826)

Collaborative Psychiatric Epidemiology Surveys (CPES) (N=1442)

MUMMHS N=7268

Source: Borges, 2011
Samples

Groups (range of exposure to the U.S.):

1. Non-migrants in Mexico with no migrant in their family
2. Non-migrants in Mexico with a migrant among their immediate family members
3. Return migrants living in Mexico after having spent at least 3 months in the US for work or study
4. Mexican-born immigrants in the US who arrived at age 13* or older (1st generation)
5. Mexican-born immigrants in the US who arrived at age 12 or younger (1.5 generation)
7. US-born Mexican-American respondents with at least one US-born parent (3rd or higher generation).

*The decision to use the 13 or greater cutoff for age at migration was made based on previous research we had done on immigration and risk for psychiatric and substance use disorders where the statistical significance of the difference between early- and late-arriving immigrants was maximized with this cutoff.
Alcohol and drug use disorders prevalence by migration status. Mexican sample from the MNCS and CPES (N=6,990)

1) Non-migrants in Mexico with no migrant in their family (n=2,878)
   - Lifetime alcohol abuse or dependence: 5.82%
   - Any lifetime drug abuse or dependence: 0.63%

2) Non-migrants in Mexico with a migrant among their immediate family members (n=2,519)
   - Lifetime alcohol abuse or dependence: 8.08%
   - Any lifetime drug abuse or dependence: 1.96%

3) Return migrants living in Mexico after having spent at least 3 months in the US working or studying (n=385)
   - Lifetime alcohol abuse or dependence: 3.29%
   - Any lifetime drug abuse or dependence: 17.92%

4) Mexican-born immigrants in the US who arrived at age 13 or older (1st generation) (n=412)
   - Lifetime alcohol abuse or dependence: 5.85%
   - Any lifetime drug abuse or dependence: 1.87%

5) Mexican-born immigrants in the US who arrived at age 12 or younger (1.5 generation) (n=136)
   - Lifetime alcohol abuse or dependence: 4.51%
   - Any lifetime drug abuse or dependence: 3.49%

6) US-born Mexican-American respondents with no US-born parents (2nd generation) (n=172)
   - Lifetime alcohol abuse or dependence: 15.03%
   - Any lifetime drug abuse or dependence: 10.85%

7) US-born Mexican-American respondents with at least one US-born parent (3rd or higher generation) (n=488)
   - Lifetime alcohol abuse or dependence: 20.26%
   - Any lifetime drug abuse or dependence: 10.94%

Prevalence (%)

Source: Borges, 2011
Hispanics, despite low income and many risk factors, are a very healthy population.

Many Hispanic immigrants come to the U.S. with better health status than would be expected given their SES.

Cultural norms are protective health factors.

Hispanics have very durable, transnational, family and social networks, and use these for meeting instrumental and emotional needs very effectively.

Healthy habits (non-smoking, less drinking, physical activity) seem to contribute to good health outcomes.

Need to reinforce these behaviors (*la cultura cura*).
Conclusions and Policy Implications

- Mexican and other immigrants who immigrate to the US have good health and mental health outcomes.

- The cultural values and protective health behaviors that newcomers bring need to be identified, reinforced, and promoted.

- These assets can serve as role models for other disadvantaged populations.

- Poverty does not necessarily coincide with unhealthy lifestyles or lack of resources.

Source: Guendelman, 2001