UC Davis Refugee Law-Mental Health Intersection Forum

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.

MAPSS

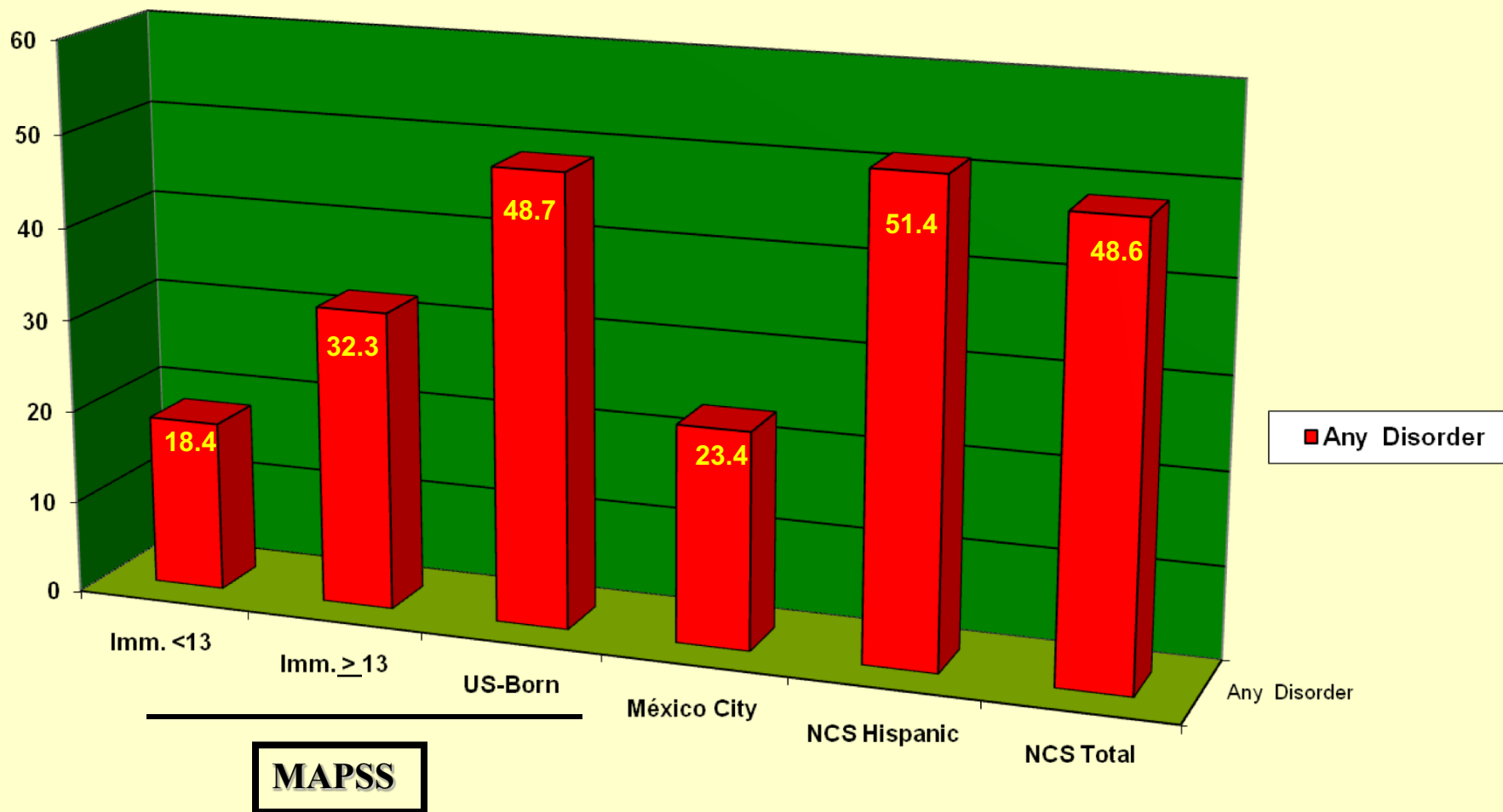## Mexican American Prevalence and Services Survey (MAPSS)

NIMH: 1RO1 MH51192-01

P.I. William A. Vega, Ph.D.
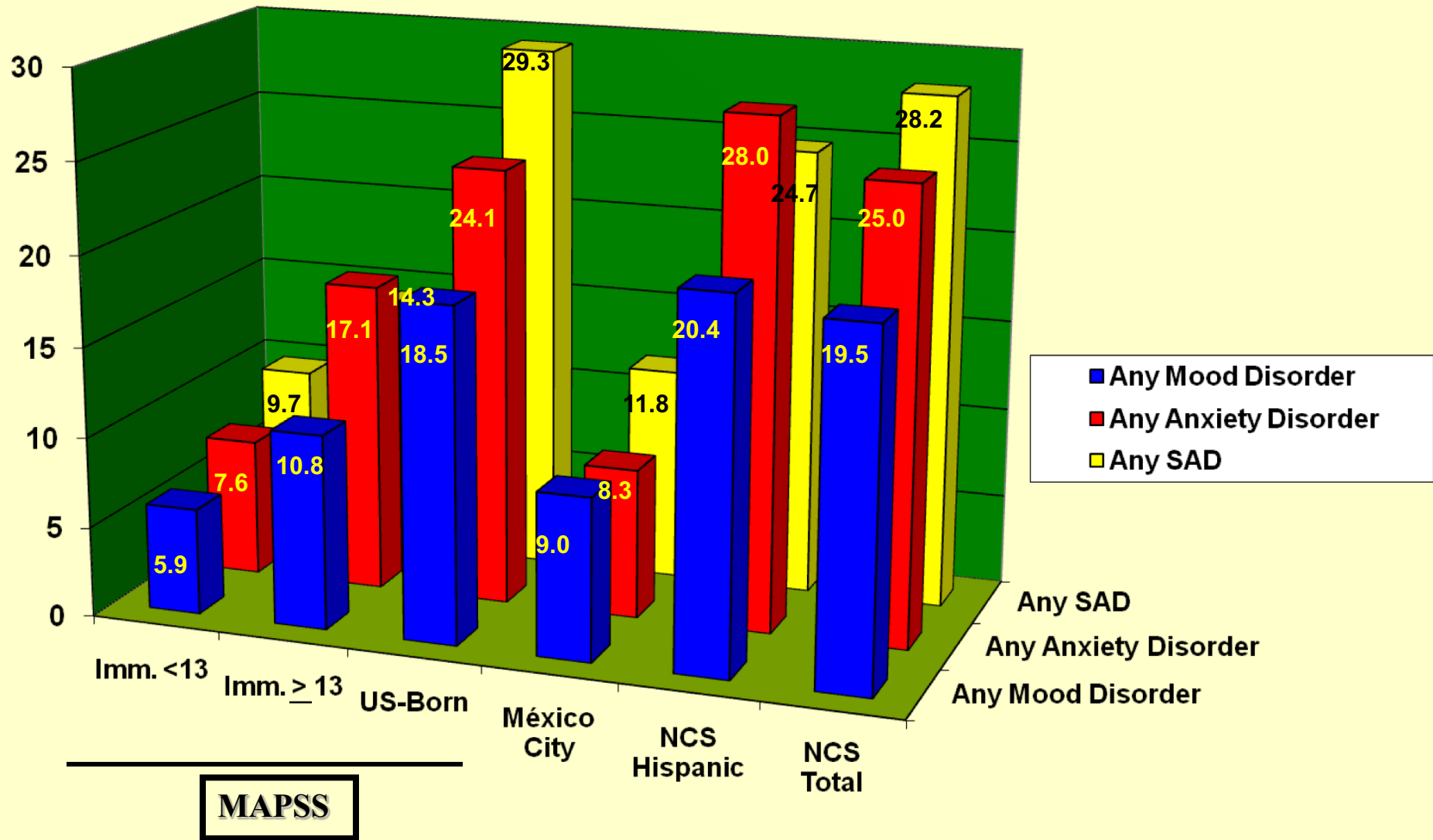**University of Southern California**

On-Site P.I. Sergio A. Aguilar-Gaxiola, M.D., Ph.D.
University of California, Davis

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

MAP

Legend:
- Any Mood Disorder
- Any Anxiety Disorder
- Any SAD

Imm. <13: Any Mood Disorder 5.9, Any Anxiety Disorder 7.6, Any SAD 9.7

Imm. ≥ 13: Any Mood Disorder 10.8, Any Anxiety Disorder 17.1, Any SAD 14.3

US-Born: Any Mood Disorder 18.5, Any Anxiety Disorder 24.1, Any SAD 29.3

México City: Any Mood Disorder 9.0, Any Anxiety Disorder 8.3, Any SAD 11.8

NCS Hispanic: Any Mood Disorder 20.4, Any Anxiety Disorder 28.0, Any SAD 24.7

NCS Total: Any Mood Disorder 19.5, Any Anxiety Disorder 25.0, Any SAD 28.2

MAPSS

Vega, Kolody, Aguilar-Gaxiola et al., *Archives of General Psychiatry*, 1998

Acculturation is Hazardous to Health

Protective behaviors decrease with acculturation:

Drug Consumption

Smoking

Alcohol Use

Quality of Diet

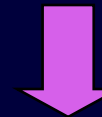Source: Vega, W. A., Alderete, E., Kolody, B., & Aguilar-Gaxiola, S. A. (1998). *Addiction. 93(12), 1841-1850.*
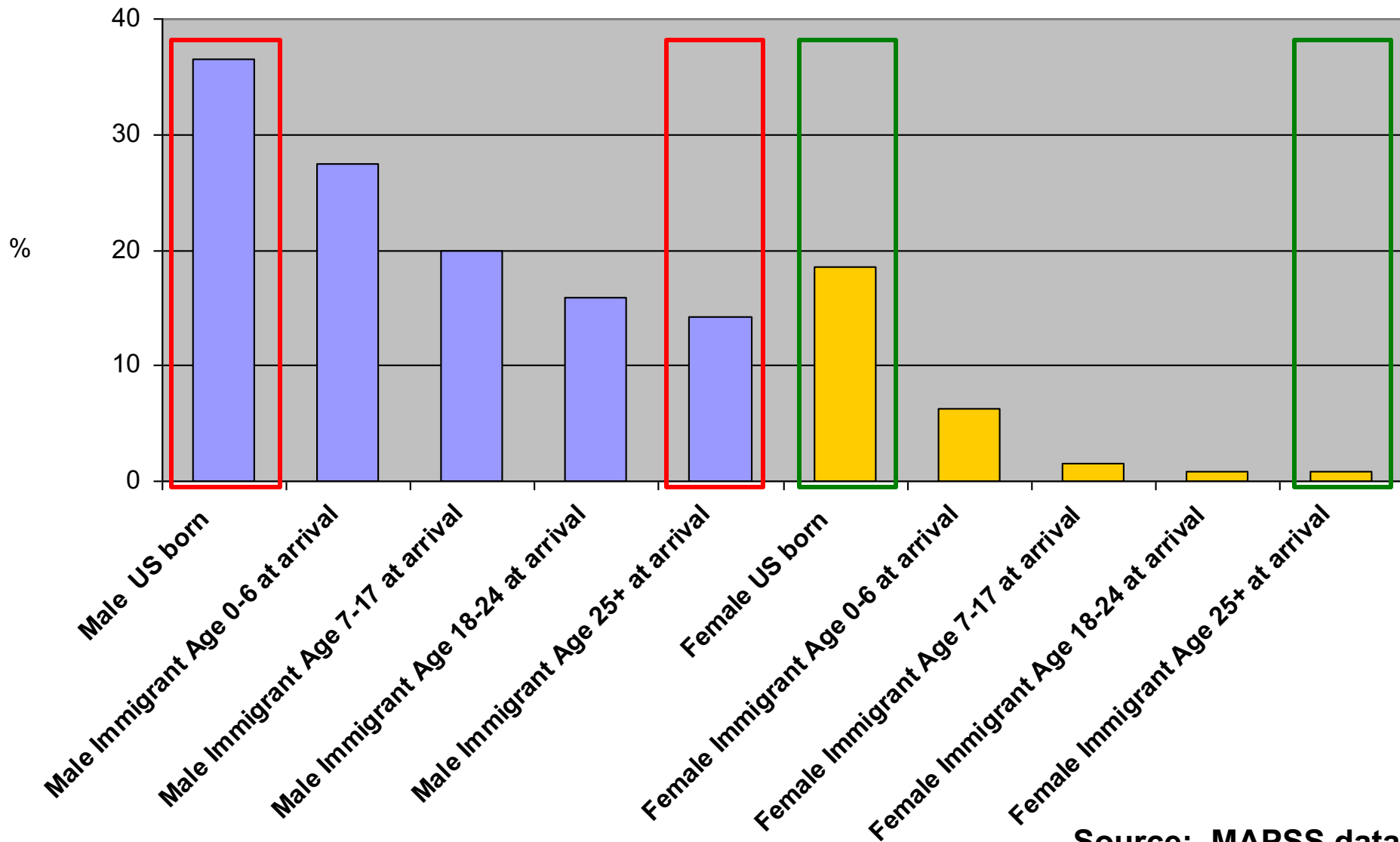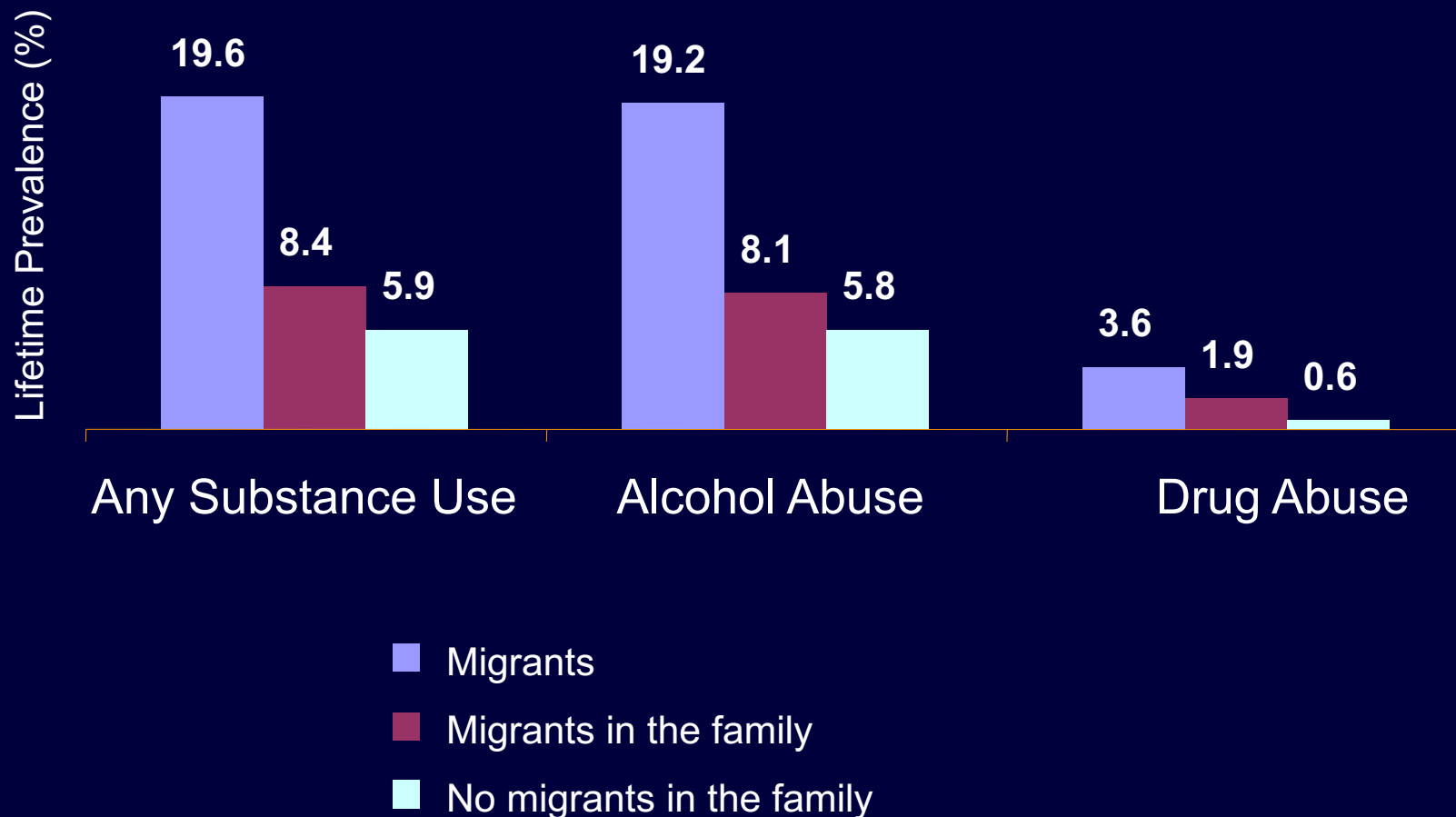
Lifetime Prevalence of Substance Disorders
Age of Arrival

Source: MAPSS data

Lifetime Prevalence of Substance Use Associated to Migration to the US

Legend:
- Migrants
- Migrants in the family
- No migrants in the family

	Migrants	Migrants in the family	No migrants in the family
Any Substance Use	19.6	8.4	5.9
Alcohol Abuse	19.2	8.1	5.8
Drug Abuse	3.6	1.9	0.6

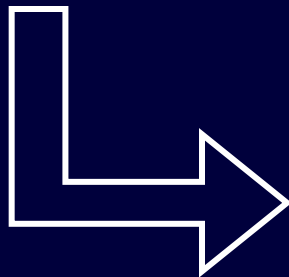Y-axis: Lifetime Prevalence (%)
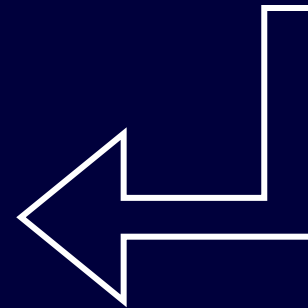
Mexico-US Migration and Mental Health Study (MUMMHS)

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

Collaborative Psychiatric Epidemiology Surveys (CPES) (N=1442)
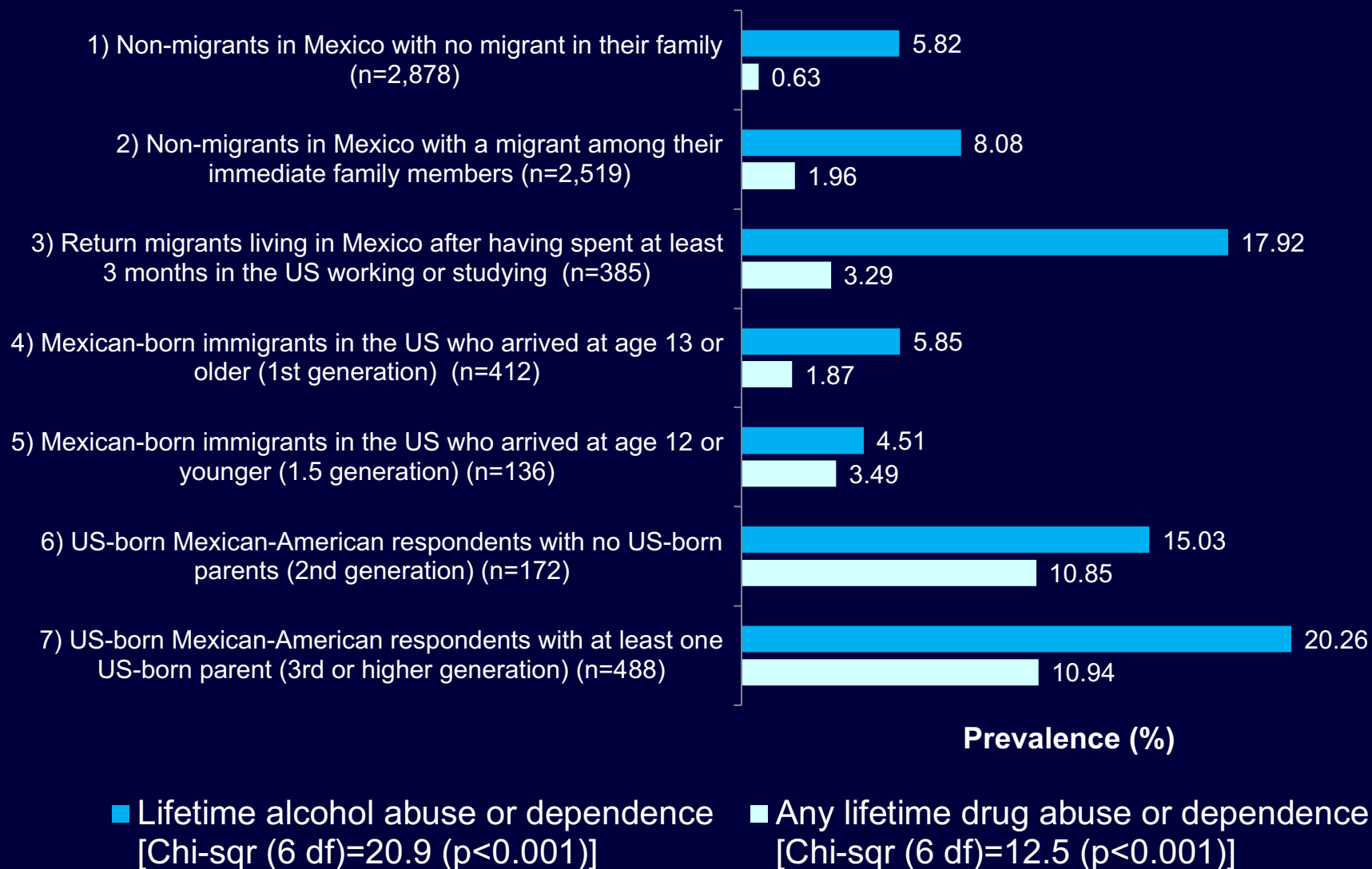
MUMMHS N=7268

Source: Borges, 2011

Samples

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

MNCS {

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

CPES {

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)

6. US-born Mexican-American respondents with no US-born parents (2nd 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)

Group	Lifetime alcohol abuse or dependence	Any lifetime drug abuse or dependence
1) Non-migrants in Mexico with no migrant in their family (n=2,878)	5.82	0.63
2) Non-migrants in Mexico with a migrant among their immediate family members (n=2,519)	8.08	1.96
3) Return migrants living in Mexico after having spent at least 3 months in the US working or studying (n=385)	17.92	3.29
4) Mexican-born immigrants in the US who arrived at age 13 or older (1st generation) (n=412)	5.85	1.87
5) Mexican-born immigrants in the US who arrived at age 12 or younger (1.5 generation) (n=136)	4.51	3.49
6) US-born Mexican-American respondents with no US-born parents (2nd generation) (n=172)	15.03	10.85
7) US-born Mexican-American respondents with at least one US-born parent (3rd or higher generation) (n=488)	20.26	10.94

Prevalence (%)

■ Lifetime alcohol abuse or dependence [Chi-sqr (6 df)=20.9 (p<0.001)]   ■ Any lifetime drug abuse or dependence [Chi-sqr (6 df)=12.5 (p<0.001)]

Source: Borges, 2011

So…the Good News

- 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