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Understanding the role of social support in trajectories of mental health symptoms for immigrant adolescents ☆

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ABSTRACT

This longitudinal study of 286, urban residing, first- and second-generation immigrant adolescents examined the degree to which acculturative stress is related to the developmental trajectories of mental health problems and the role of social support in this process. Participants were recruited when they entered 10th grade and two additional waves of data were gathered at 12-month intervals. Using individual growth curve modeling, the results show significant decline in internalizing mental health problems during the high school years. At the same time, greater exposure to acculturative stress predicted significantly more withdrawn/depressed, somatic, and anxious/depressed symptoms. Additionally, social support moderated the relation between acculturative stress and anxious/depressed symptoms. Gender and generation status differences were found only at baseline (10th grade).

More than sixteen million children in the U.S. are part of immigrant families and it is predicted that by 2020 one in three children will be the child of an immigrant (Mather, 2009). In many metropolitan school districts, including New York City, Los Angeles, and Miami, the majority of student enrollment consists of immigrant origin youth (Rumbaut, 1998; Suárez-Orozco, Suárez-Orozco, & Todorova, 2008). People generally immigrate seeking opportunities, but also often encounter challenges and stress (Suárez-Orozco & Suárez-Orozco, 2001). Immigrant families leave behind familiar environments and cultures, including important social ties with extended family members, best friends, and neighbors. These social losses, combined with the unique stressors of acculturation (Schwartz, Unger, Zamboanga, & Szapocznik, 2010), can have particular importance to immigrant teenagers who are at an important developmental period (García Coll & Magnuson, 1997; García Coll & Marks, 2009; Suárez-Orozco et al., 2008). These immigration-related stresses have been linked to internalizing (anxiety, depression, and somatic pains) and externalizing symptoms (behaviors that create conflict with others such as aggression and delinquent behaviors) among immigrant origin adolescents (Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007; Kim, Van Wye, Kerker, Thorpe, & Frieden, 2006; Mendoza, Javier, & Burgos, 2007).

Immigrant youth contend with psychological acculturation — the dynamic process of negotiating between two cultures (either majority and minority, or immigrant and host; Berry, Poortinga, Segall, & Dasen, 1992). The stress associated with adjusting to a new culture and navigating between two cultures is referred to as "acculturative stress" (Berry, 2006) which may place immigrant youth at risk for depression and anxiety (Alegría et al., 2007; Boyce & Fuligni, 2007). Acculturative stress can arise from multiple challenges, including learning new and confusing cultural rules and expectations, struggling to negotiate differences across cultural boundaries, experiences of prejudice and discrimination, and contending with the overarching conflict between maintaining elements of the old culture while incorporating those of the new (Berry, 1997; Sirin & Fine, 2007; Suárez-Orozco & Suárez-Orozco, 2001). For the first generation, acculturative stress arises from navigating through a new and unfamiliar culture without the benefit of parents who can act as guides. For the second generation, acculturative stress may be focused within the home when youth are ready to take on many of the practices of the new land while their parents may strive for them to retain the practices of the home-country culture. The American Psychological Association (2012) has noted that acculturative stress does not cause immigrants to experience higher levels of mental health

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distress than the general public, but when immigrants do experience mental health issues, acculturative stress is likely to be a significant contributing factor.

Living in urban contexts presents additional challenges and stressors to adolescents. Urban residing youth may face multiple structural barriers including parental unemployment, violence, segregation, and housing instability (Reardon-Anderson, Capps, & Fix, 2002; Wilson, 1997). These stressors have been documented to adversely impact mental health symptoms (McCart et al., 2007; Self-Brown et al., 2006). Research on urban youth has disproportionately examined externalizing symptoms (Grant, Compas, Thurm, McMahon, & Gipson, 2004; Reynolds, O'Koon, Papademetriou, Szczgiel, & Grant, 2001). Existing research points to higher levels of depression and anxiety among urban youth in comparison to non-urban youth (Carlson & Grant, 2008; Reynolds et al., 2001). On the other hand, a national epidemiological study on rates of mental health disorders did not find that urban youth experience higher rates of mood disorders (Merikangas et al., 2010). This conflict in outcomes demonstrates the need for longitudinal studies that can provide a more complex understanding of the mental health issues faced by urban youth. Unfortunately, this type of study is relatively rare. In one of the few longitudinal studies that are available, Grant et al. (2004) followed low income, urban youth from sixth to ninth grade and found significant relations between urban stressors and both internalizing and externalizing symptoms. Reynolds et al. (2001) followed urban youth from sixth to eighth grade and found that somatic complaints were the most commonly reported internalizing symptom.

Examining how the unique experiences of acculturation affect adolescent development is important because this is a period when identity development is central. Further, theorists have asserted that this is a period when immigrant youth are actively exploring the extent to which they identify with their ethnic culture (Berry, Phinney, Sam, & Vedder, 2006; García Coll & Marks, 2009). For immigrant adolescents, identity development may hold unique tasks and challenges such as dealing with discrimination, and/or navigating competing cultural demands (Fine & Sirin, 2007; García Coll & Marks, 2009). Youth who are immersed in the process of acculturating may be experiencing acculturative stress and it is important to examine the extent to which this leads to internalizing mental health symptoms. Examining the relations between acculturative stress, mental health and social support could provide valuable information about meeting the mental health needs of immigrant youth.

The experiences of urban residing, immigrant youth may vary by gender and generational status. For example, first-generation immigrants must separate from friends and family in their birth country, which is a stress second-generation immigrants do not deal with (Mendoza et al., 2007; Suárez-Orozco, Todorova, & Louie, 2002). Second-generation immigrants, on the other hand, are often more familiar with the language of their adopted country than with their parents' native tongue (Portes & Hao, 1998) and may feel more comfortable with mainstream American culture than the culture of their parents' birth. This can lead to significant communication difficulties and inter-generational conflict (Suárez-Orozco & Suárez-Orozco, 1995). The differences in the types of acculturative stressors experienced between first- and second-generation immigrants may help explain why previous research has found variation in internalizing symptoms between first- and second-generation immigrants (Alegría et al., 2007).

Research has also identified gender differences as potential moderating factors in the development of internalizing problems. Urban adolescent girls report significantly higher levels of internalizing symptoms than boys (Carlson & Grant, 2008; Grant et al., 2000; Merikangas et al., 2010; Youngstrom, Weist, & Albus, 2003), and show particular vulnerability to depression (Grant et al., 2004; Hammack, Robinson, Crawford, & Li, 2004).

Overall, psychological research has demonstrated that urban residing, immigrant youth may be at particular risk for psychological distress. Social support, however, may play a vital role in fostering positive developmental trajectories for these young people. Social support is a broad term, and previous research has explored different aspects of it. Green, Rhodes, Heitler-Hirsch, and Suárez-Orozco (2008) for example, found that supportive relationship with adults at school was related to higher levels of academic engagement. Wang and Eccles (2012), examined three types of social support (peer, teacher, and parental) and found that they do not necessarily have the same effects on various components of school engagement. Related to social support is the concept of social capital (Bourdieu, 1986), which refers to the resources that one is connected to through social support and social cohesion, that has been found to be critical to healthy adolescent development in general (Almedom, 2005; Sirin, 2005) and to immigrant adaptation in particular (Portes & Zhou, 1993). As youth gain more autonomy during adolescence, social support provides a variety of protective functions such as psychological support, tangible assistance and information, guidance, role modeling, and positive feedback (Almedom, 2005; Cobb, 1976). Social support also serves an important function of maintaining and enhancing psychological well-being (Cauce, Felner, & Primavera, 1982; Oppedal, Roysamb, & Sam, 2004) along with much needed information and contacts key for success in life. In addition, social support has been found to play a vital role for first-generation immigrants who are not as familiar with their new environments and may need help navigating new surroundings, establishing financial security, and finding emotional and practical support (Suárez-Orozco et al., 2008; Woolcock & Narayan, 2000).

Several researchers have explored the moderating effects of social support on the relationship between acculturative stress and psychological symptoms. For example, acculturative stress had detrimental effects on psychological symptoms for Mexican American youth who perceived low support from peers and family whereas those who had strong family support and active coping styles reported lower levels of anxiety and depression in response to acculturative stress (Crockett et al., 2007). Other work suggests that the process is more complicated; increases in host and ethnic cultural competence lessened the effects of acculturative stress when family support was diminishing, whereas increased levels of discrimination coupled with decreases in social support had negative effects on mental health (Oppedal et al., 2004). Thus, it is important to consider how social support is associated with different outcomes among urban residing immigrant youth (Almedom, 2005).

This longitudinal study is an effort to elucidate the role that social support may play in reducing acculturative stress and the internalizing mental health symptoms that may be associated with it among urban residing, immigrant youth. We examine three components of internalizing mental health symptoms: anxious/depressed symptoms, somatic complaints, and withdrawn/depressed symptoms. These components have been well-established as separate indications of internalizing symptoms, confirmed through multiple factor analyses with both the general population and clinically referred populations from the United States as well as societies around the world (Achenbach & Rescorla, 2001; Ivanova et al., 2007). Consequently, all models are run separately for each outcome. Our models take into account both the individual factors that lead to withdrawn/depressed, somatic, and anxious/depressed symptoms and how social support may act as a buffer against the mental health stress that is associated with the acculturative stresses they encounter. We further explore the degree to which experiences of first and second generation youth, and boys and girls, differ not only in terms of developmental outcomes but, more importantly, in terms of key developmental processes. Based on prior research, we expect gender and generational differences in mental health symptoms of withdrawn/depressed, somatic, and anxious/depressed symptoms through middle to late adolescence.