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Mood, anxiety, and personality disorders among first and second-generation immigrants to the United States

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ABSTRACT

A careful examination of the multigenerational relationship between immigrant status and mental disorders can provide important information about the robustness and nature of the immigrant-mental health link. We examine immigrant status as a protective factor against mental illness, assess intergenerational effects, examine differences across race/ethnicity, and report the prevalence of mood, anxiety, and personality disorders of immigrants across major world regions. We employ data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) and compare first ($n=5363$) and second-generation ($n=4826$) immigrants from Asia, Africa, Europe, and Latin America to native-born Americans ($n=24,461$) with respect to mental disorders. First-generation immigrants are significantly less likely than native-born Americans to be diagnosed with a mood, anxiety, or personality disorder, though the prevalence of mental health diagnoses increases among second generation immigrants. Similar results were observed for immigrants from major world regions as the prevalence of psychiatric morbidity was lower among immigrants from Africa, Latin America, Europe, and Asia compared to native-born Americans. Findings provide evidence in support of the notion that the immigrant paradox may be extended to include mood, anxiety, and personality disorders in the United States.

1. Introduction

In recent years, a growing number of studies have examined the relationship between immigrant status and mental disorders (Shrout et al., 1992; Vega et al., 1998; Grant et al., 2004; Cantor-Graae and Selten, 2005; Breslau et al., 2007, 2009; Takeuchi et al., 2007; Alegría et al., 2008; Bourque et al., 2011; Cantor-Graae and Pederson, 2013). This body of work points to a multifaceted relationship in which the nature of the association between immigrant status and mental disorders varies according to both the particular characteristics of the immigrant and the nature of the disorder in question. For instance, prior research suggests that immigrants to the United States are a heterogeneous population (Salas-Wright et al., 2014a) and the factors such as immigrant generation (i.e., first-generation and second-generation), age of immigration, and duration as an immigrant in the receiving nation have important implications for the relationship between immigrant status and mental disorders (Vega et al., 1998; Breslau et al., 2007, 2009; Cantor-Graae and Pederson, 2013). Mental health is also a heterogeneous construct and the various types of mental disorders appear to be differentially related to immigrant status in both United States and European samples. Indeed, while meta-analytic reviews have now demonstrated quite convincingly that the prevalence and incidence of psychotic disorders tend to be greater among immigrants than among the native-born (Cantor-Graae and Selten, 2005; Bourque et al., 2011), research also points to immigrant status as a protective factor for most mood and anxiety disorders (Vega et al., 1998; Grant et al., 2004; Breslau et al., 2007, 2009; Takeuchi et al., 2007; Alegría et al., 2008; Cantor-Graae and Pederson, 2013).

Despite the manifold advances made by previous studies, several important facets of the immigrant-mental disorder link have yet to be fully explored. To begin, while numerous studies have examined mood and anxiety disorders among particular immigrant groups in the United States (i.e. Hispanics and Asian/Pacific Islanders), few studies have systematically examined the multigenerational relationships between immigrant status and an extensive array of mood, anxiety, and personality disorders among immigrants in general. That is, additional research is needed with respect to the prevalence of particular mood (i.e., bipolar disorder,

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major depression, and dysthymia), anxiety (i.e., generalized anxiety disorder, panic disorder, social phobia, specific phobia, and posttraumatic stress disorder), and personality (i.e., antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, paranoid, schizoid, and schizotypal) disorders among first and second-generation immigrants in contrast with native-born Americans. Second, few studies have examined the stability of the relationship between immigrant status and mental disorders among racial/ethnic minority and non-minority immigrants. In light of research suggesting a link between experiences of discrimination and mental health (Pascoe and Richman, 2009), further research into the potentially segmented nature of the relationship between immigrant status and mental disorders is warranted. In all, while much has been learned in recent years, a careful examination of the multigenerational links between immigrant status and mood, anxiety, and personality disorders can provide important information about the robustness and nature of the immigrant-mental health link.

1.1. Research context

Each phase in the migration process presents unique migration-related stressors. The pre-flight phase—the period preceding the actual migration event—is especially dire for individuals coerced into undertaking this relocation. Mental illness risk factors experienced in this phase include prolonged civil conflicts and wars (Goodman, 2004), sexual and physical abuse (Crisp, 2000), separation from family (Paardekooper et al., 1999), and prolonged stays in refugee and other transitionary camps (Steel et al., 2006). Individuals who have endured these experiences report mental health and behavioral disorders, including depression, anxiety, psychosis, anger, violence, and posttraumatic stress disorder (Paardekooper et al., 1999; Steel et al., 2002, 2006; Fazel et al., 2005; Pumariega et al., 2005; Liddell et al., 2013; Salas-Wright and Vaughn, 2014). In the resettlement phase, immigrants often have to contend with and acclimatize to a new socio-cultural and economic environment. Factors such as a drop in socio-economic status (Aycan and Berry, 1996; Porter and Haslam, 2005), changing family and gender roles and expectations (Potocky-Tripodi, 2002), cultural dissonance, and cultural bereavement (Choi et al., 2008) are cited as post-migration mental illness triggers.

In addition to migration-related stressors, immigrant populations face barriers to mental health services both before and after relocation. Inadequately structured and financed mental health systems across many developing economies means that a significant number of individuals migrating from these regions have had limited contact with mental health professionals (World Health Organization, 2013). They are less likely to have had access to preventive or curative mental health services and are more likely to experience undiagnosed mental disorders, and have minimal knowledge regarding the primacy of mental health in overall health and well-being (Derose et al., 2009). After migration, low rates of health insurance access (Derose et al., 2009), and other socio-cultural impediments including stigma (Nadeem et al., 2007), linguistic challenges (Sentell et al., 2007; Kim et al., 2011), and lack of ethnically-matched providers (Sue et al., 1991) account for obstacles faced in mental health services utilization.

It is therefore of interest to note that, despite the manifold mental illness triggers associated with immigration, a number of studies have found that immigrant populations tend to report lower rates of most mood and anxiety disorders as compared to their native-born peers (Shrout et al., 1992; Vega et al., 1998; Alegría et al., 2008; Grant et al., 2004; Breslau et al., 2007, 2009; Takeuchi et al., 2007; Cantor-Graae and Pederson, 2013). Several protective factors are postulated to explain these counter-intuitive results, including: social support, cultural beliefs and practices, extended family support networks, and lower rates of substance misuse (Escobar, 1998; Escobar et al., 2000; Schwartz et al., 2010; Marks et al., 2014; Salas-Wright et al., 2014b; Salas-Wright and Vaughn, 2014; Suárez-Orozco et al., 2014). In addition, the healthy immigrant effect—the selective process whereby only those in relatively good health elect to migrate—is also postulated to explain these health dissimilarities (Jasso et al., 2004; Akresh and Frank, 2008). This effect may be particularly applicable for immigrants to the United States due to geography (greater distance and cost necessary to travel from major population centers) and post-migration experiences (employment and educational opportunities). However, the mental health advantage enjoyed by first-generation immigrants may not hold fast for second and even third-generation immigrants. First-generation immigrants report better mood/anxiety disorder outcomes compared to subsequent immigrant generations (Harker, 2001; Alegría et al., 2007; Takeuchi et al., 2007; Williams et al., 2007) whose mental health outcomes mirror those of native-born individuals. Furthermore, even among first-generation immigrants, additional time spent in the diaspora is also associated with declining mental health (Alegría et al., 2007).

It should also be noted that the nature of the relationship between immigrant status and mental health may be distinct among individuals from different racial/ethnic groups and, potentially, among immigrants from various regions of the world. For instance, in light of research on the relationship between discrimination and mental health (Pascoe and Richman, 2009), scholars have increasingly begun to highlight the importance of considering the degree to which factors such as racism, discrimination, and social marginalization may differentially impact racial/ethnic minority and non-minority immigrants (Viruell-Fuentes, 2007; Chung et al., 2008). Moreover, numerous studies have examined how the disruption of family networks and social support may contribute to increased mental distress among immigrants, particularly immigrants from collectivist cultures (Garcia Coll et al., 1996; Oppedal et al., 2004; Alegria et al., 2007). As such, it may be that the links between immigrant status and mental health are distinct among immigrants from global regions with a greater collectivist orientation (i.e., Africa, Asia, and Latin America) than among those from regions that tend to be less collectivist in nature (i.e., Europe). Recent studies of immigrant well-being have pointed to regional differences among immigrants across various global regions (Vaughn et al., 2014a, 2014b).

1.2. The present study

This paper explores the immigrant paradox argument by examining the similarities and differences in mental health diagnoses between immigrants to the United States and their native-born peers. Using Wave I and Wave II of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), we examine the prevalence of mood, anxiety, and personality disorders across immigrant groups and compare these rates with the native-born population in the United States. In particular, we explore the following questions. First, is immigrant status protective for mood, anxiety, and personality disorders? Second, do the effects of immigrant status hold across immigrant generations and among both racial/ethnic minority and non-minority populations? Finally, what is the prevalence of mood/anxiety and personality disorders of immigrants representing major regions of the world?

2. Method

2.1. Participants

Study findings are based on data from Wave I (2001–2002) and Wave II (2004–2005) of the NESARC. The NESARC is a nationally representative sample of non-institutionalized U.S. residents aged 18 years and older. The design and methods are presented in a summarized form; however, a detailed description of the

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