

# Understanding differences in past year psychiatric disorders for Latinos living in the US

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Available online 17 May 2007

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## Abstract

This study seeks to identify risk factors for psychiatric disorders that may explain differences in nativity effects among adult Latinos in the USA. We evaluate whether factors related to the processes of acculturation and enculturation, immigration factors, family stressors and supports, contextual factors, and social status in the US account for differences in 12-month prevalence of psychiatric disorders for eight subgroups of Latinos. We report results that differentiate Latino respondents by country of origin and age at immigration (whether they were US-born or arrived before age 6: In-US-as-Child [IUSC]; or whether they arrived after age 6: later-arrival immigrants [LAI]). After age and gender adjustments, LAI Mexicans and IUSC Cubans reported a significantly lower prevalence of depressive disorders than IUSC Mexicans. Once we adjust for differences in family stressors, contextual factors and social status factors, these differences are no longer significant. The risk for anxiety disorders appears no different for LAI compared to IUSC Latinos, after age and gender adjustments. For substance use disorders, family factors do not offset the elevated risk of early exposure to neighborhood disadvantage, but coming to the US after age 25 does offset it. Family conflict and burden were consistently related to the risk of mood disorders. Our findings suggest that successful adaptation into the US is a multidimensional process that includes maintenance of family harmony, integration in advantageous US neighborhoods, and positive perceptions of social standing. Our results uncover that nativity may be a less important independent risk factor for current psychiatric morbidity than originally thought.

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**Keywords:** Latinos; Acculturation; Psychiatric diagnosis; Epidemiology; Culture; Race; Immigrants; USA

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## Introduction

Latino immigrants have better overall mental health than their US-born counterparts and non-Latino whites (Burnam, Hough, Karno, Escobar, & Telles, 1987; Ortega, Rosenheck, Alegria, & Desai, 2000; Vega et al., 1998), but the universality of this claim for all Latino subgroups has not been rigorously tested. Our findings from the National Latino and Asian-American Study (NLAAS) on the prevalence of psychiatric disorders among Latinos in the US indicate that foreign nativity is protective for some Latino groups (e.g., Mexicans), but not others (e.g., Puerto Ricans) (Alegria et al., 2007) and that protectiveness varies by disorder. Similar results were reported in the National Epidemiologic Survey on Alcohol and Related Conditions [NESARC] (Alegria, Canino, Stinson, & Grant, 2006), suggesting that other factors besides nativity play a role in the likelihood of psychiatric disorders for Latinos.

This article seeks to identify risk factors for specific psychiatric disorders that may explain differences in nativity effects among Latinos. We report new results from the NLAAS that differentiate Latino respondents by country of origin and age at immigration. We hypothesize that past-year psychiatric disorders across Latino subgroups will be associated with differences not only in acculturation and enculturation processes, but also with factors related to family stressors and supports, contextual factors, and social status factors.

## Background

Complex factors may impact psychopathology across Latino ethnicity/nativity subgroups; differences could be due to variation in age, immigration experiences, acculturation and enculturation processes, family stressors, and perceptions of neighborhood and social status factors. Although Mexicans, Cubans, Puerto Ricans, and Other Latinos are usually grouped together as Latinos, their experiences both as immigrants and children of immigrants can be very different. For example, living in close proximity to Mexico and experiencing higher rates of immigration may reinforce Mexicans' cultural identity (Escobar, Nervi, & Gara, 2000), while high rates of undocumented status might block opportunities for social mobility in the US (Powers & Seltzer, 1998; Sullivan & Rehm, 2005). Meanwhile, Cubans have the highest socio-

economic status of all Latino groups, tend to remain Spanish-speaking in the US (Rivera-Sinclair, 1997), and mainly reside within Cuban enclaves in Miami that assist in easing the transition to the US (Boswell, 2002; Hagan, 1998). In contrast to the other Latino subgroups, Puerto Ricans have lived with more than a century of US influence, are US citizens, and are more likely to be bilingual and to have adopted many of the lifestyle patterns of US society (Guarnaccia, Martinez, Ramirez, & Canino, 2005), including expectations for increased social mobility in the mainland US (Cortes, Malgady, & Rogler, 1994). Other Latinos mainly include South Americans, Central Americans and Dominicans, who come mostly as young adults in search of better employment opportunities or to escape violence (Pellegrino, 2004).

## *Acculturation, enculturation and the bicultural model of adaptation*

Few psychiatric epidemiological studies of Latinos have investigated factors that account for the risk of psychopathology among Latino ethnicity/nativity subgroups living in the US, at least partially due to the challenge of disentangling the effects of acculturation from other risk factors (Rogler, Cortes, & Malgady, 1991). Acculturation can be defined as "the acquisition of the cultural elements of the dominant society" (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005), including norms, values, ideas and behaviors. Since acculturation is an intangible process, researchers often rely on English-language proficiency as a proxy for cultural integration into US society (Blank & Torrechila, 1998). Traditional acculturation measures have been criticized for their focus on a single variable with the extreme values (all Spanish/all English) representing high adherence to either the native or host-culture (Cortes, 1994; Kim & Abreu, 2001). This unidimensional model mistakenly assumes that the increasing acquisition of the dominant culture directly corresponds to systematic disengagement from the native culture (Rogler et al., 1991), thereby precluding assessment of the degree to which an individual is involved in each culture (Cortes, 1994; Marin & Marin, 1992).

To address this gap, the concept of enculturation has been introduced as part of a bicultural model. Enculturation is the process of preserving the norms of the native group (Kim & Ominzo, 2006), whereby individuals retain identification with their

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