Psychological Health Impacts of Social Injustice

Public Policy and Mental Health Implications of Immigration: Local, State, and Federal Perspectives

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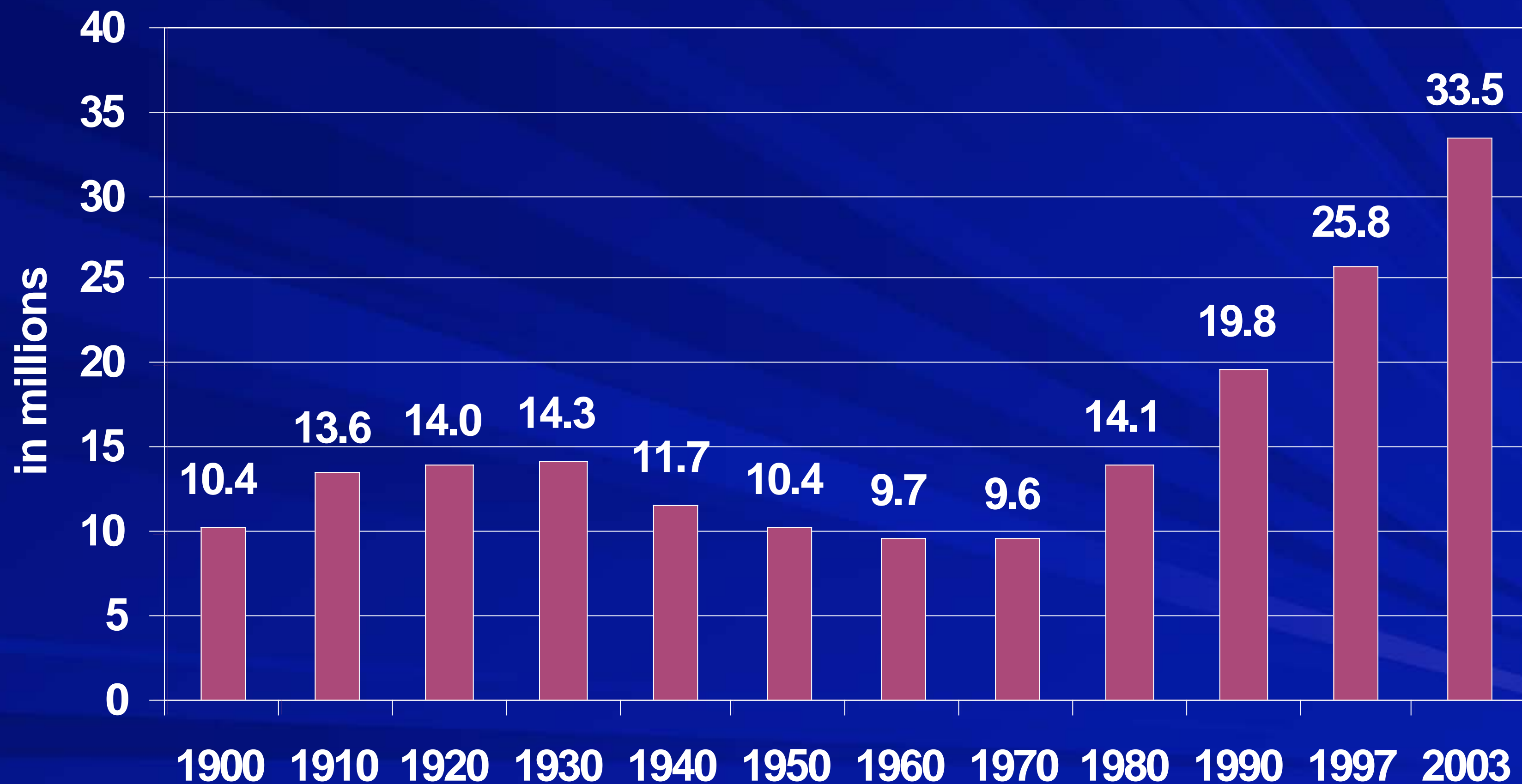
Background

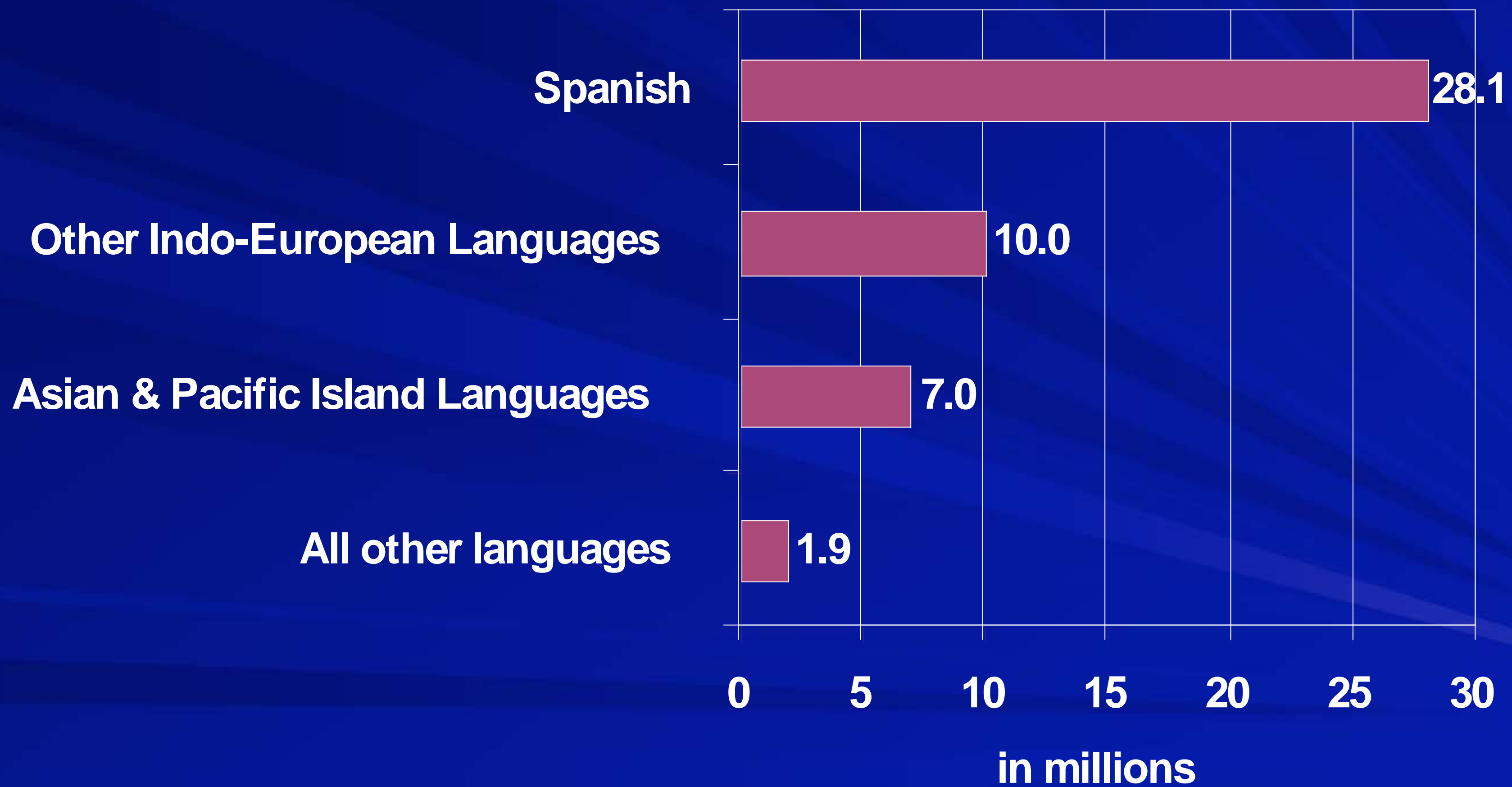
- In the United States, 1 in 5 children live in immigrant families.
- Half of immigrant children live in families with incomes below 200% of the poverty level, compared with 34% of US-born children.
- Services that make poor immigrant children & youth successful adults will be critical to the well-being of the nation as a whole.

Haskins, Greenberg and Fremstad, 2004

Foreign-born population: 1900 to 2003



Source: U.S. Census Bureau, WE-7, P20-551, P23-195.


Primary Language Other Than English Spoken at Home by Language Group: 2000
Population 5 years and older
Spanish
Other Indo-European Languages
Asian & Pacific Island Languages
All other languages
28.1
10.0
7.0
1.9
0
5
10
15
20
25
30
in millions
Source: U.S. Census Bureau, Census 2000 Summary File 3.

Specific Mental Health Needs of Immigrants

- Immigrant children:
  - High rates of trauma and parental separation
  - Few resources to access care
- Adult immigrants:
  - Adjustment stressors (isolation, hopelessness, socio-economic disadvantage)
  - Acculturative stress
  - Language barriers
- Consequences can include :
  - depression and behavior problems (Mollica, 1997)
  - anxiety disorders such as PTSD (Kataoka et al, 2001)
  - other adjustment difficulties

Objectives of Presentation

- Present information on the pressures for Latino immigrants to assimilate to U.S. society and its potential mental health impacts
- Discuss findings regarding ethnic and racial service disparities and mental health
- Discuss federal, state, and social policies which contribute to ethnic and racial services disparities and poor mental health

Immigrants, Assimilation, and Mental Health

Prevalence of Psychiatric Disorders Across Latino Subgroups in the United States

Objectives:

- Evaluate the prevalence of depressive, anxiety, and substance disorders across subethnicity, nativity, generational status, English proficiency, length of time in U.S., and age at migration.
- Assess which characteristics differentiate those Latinos with higher past year and lifetime psychiatric disorders.

Reference info:

Alegría M, Mulvaney-Day N, Torres M, Polo A, Cao Z, & Canino G.(2007).Prevalence of Psychiatric Disorders Across Latino Subgroups in the United States. *American Journal of Public Health* 97(1): 68-75.

Distribution of socio-demographic, immigration factors, and lifetime psychiatric disorders for the overall Latino sample

	Lifetime Prevalence of Any Disorder for All Latinos	
	Mean	S.E.
Ethnic Groups		
Puerto Rican	**38.98%**	**3.15%**
Cuban	28.38%	1.68%
Mexican	28.42%	1.58%
Other Latinos	27.29%	2.32%
Nativity		
Born in another country	23.76%	1.11%
Born in U.S.	**36.77%**	**2.12%**
English Proficiency		
Fair/Poor	23.13%	1.27%
Excellent/Good	35.09%	1.89%
Generational Status [a]		
1 Born Outside the U.S.	23.76%	1.11%
2 Born in U.S. 1+ parent not	30.12%	2.76%
3 R and Parents all born in U.S.	**43.39%**	**2.55%**

a. For generational status, both age and subethnicity are controlled for in the prevalence rates

Conclusion: Prevalence

- Across all disorders, English proficiency was associated with greater risk of disorder. However, such findings must be interpreted with caution, as proficiency in English was self-reported and may not only be a marker of assimilation into a host culture but may also reflect structural characteristics (e.g., greater job demands) that influence health outcomes (Hunt, Schneider, & Comer, 2004).
- Consistent with other studies (Velez & Ungemack,1989; Mendoa, 1989; Vega et al. 1998), our findings indicate that being in the first generation and having lower English proficiency may be associated with a reduced risk for substance disorders, and consequently lower overall risk for any psychiatric disorders.

So There May Be a Cost for Assimilation

- As Latinos achieve higher social status and become more assimilated, they have a greater sensitivity to discrimination compared to their less acculturated counterparts. For example, well educated, young U.S.-born Latinos, or those who arrived age 6 or younger, are more likely to perceive everyday discrimination than their immigrant counterparts who come later to US. As immigrants assimilate they may lose their idealized view of America as the land of equal opportunity and have higher expectations for fair treatment.

(Perez, Fortuna and Alegria, Prevalence and Correlates of Everyday Discrimination among U.S. Latinos, Journal of Community Psychology, In press)

Age of Arrival and Risk of Psychiatric Disorders

- For depressive disorders, Latino male immigrants arriving to the U.S. at age 7 or older experience significantly lower risk compared to U.S.-born males (HR = 0.56).
- Similarly, both Latino male (HR = 0.55) and female (HR = 0.65) immigrants who arrive to the U.S. at age 7 or older, experience significantly lower risk of any anxiety disorder compared to their U.S.-born counterparts.
- All male and female immigrants arriving to the U.S. at age 7 or older are at significantly lower risk of any substance-use disorder compared to the U.S. born.

Alegria et al., Looking Beyond Nativity: The Relation of Age of Immigration, Length of Residence, and Birth Cohorts to the Risk of Onset of Psychiatric Disorders, Research in Human Development, 2007

Cox Proportional Hazards Models (Hazard Ratios) for Onset of Depressive, Anxiety, and Substance-Use Disorders for Latinos by Sex.

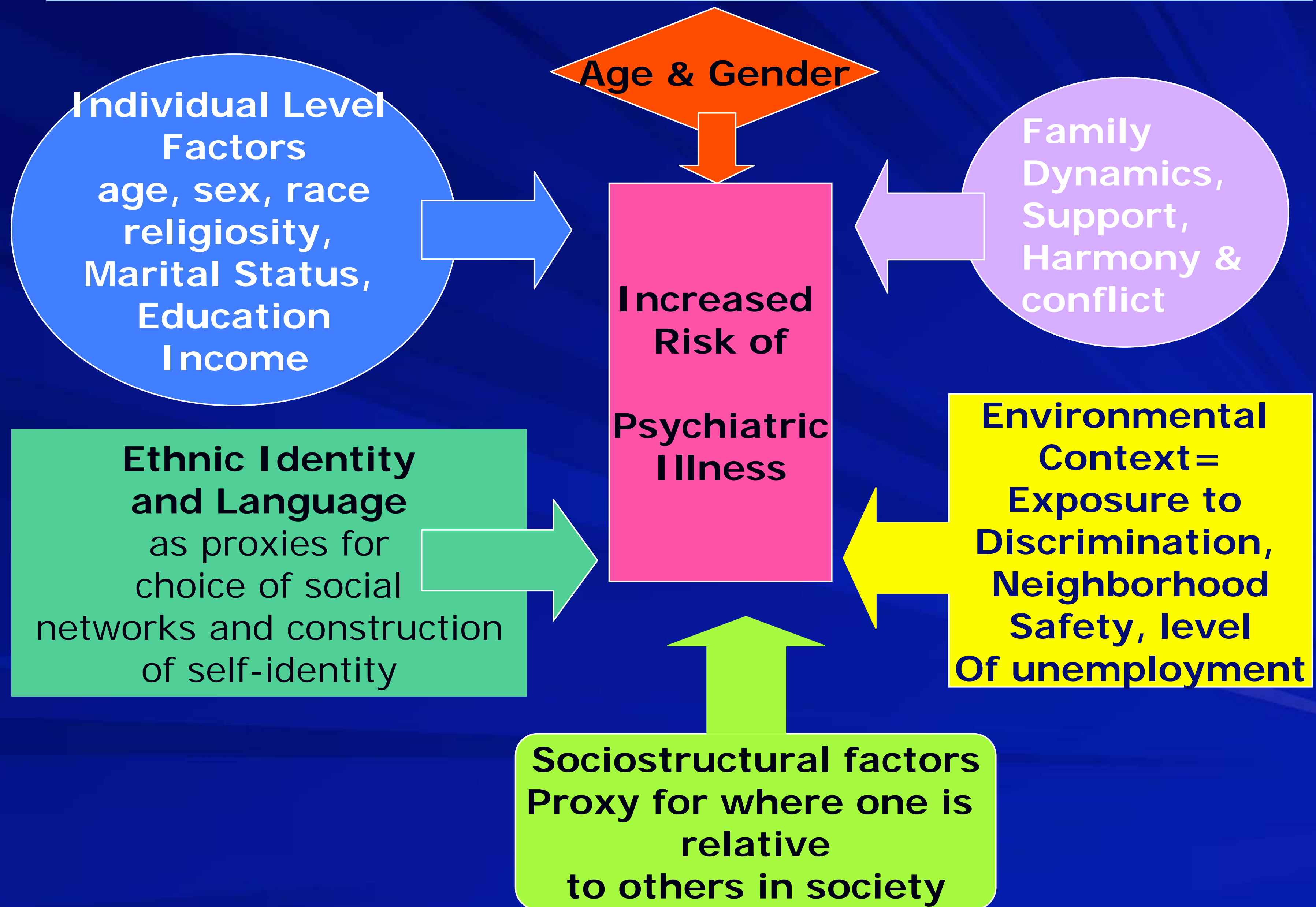
	Any depressive disorders		Any anxiety disorders		Any substance-use disorders	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
US born	1	1	1	1	1	1
Immigrant, age of arrival 0-6 y	1.48	0.7	1.29	0.88	0.59	0.49
Immigrant, age of arrival 7 y or older						
In country of origin	0.51*	0.72	0.56*	0.65*	0.15***	0.01***
In U.S., 5 years or less	0.48	0.59	0.77	0.55	0.39**	–[1]
In U.S., more than 5 years	0.8	0.98	0.66	1.09	0.49**	0.04***
Birth cohort						
Born before 1960	0.38***	0.34***	1.11	0.78	0.98	0.41**
Born after 1960	1	1	1	1	1	1

[1]No SUD onsets observed for female immigrants in US, 5 y or less.

*$p < 0.05$, **$p < 0.01$, ***$p < 0.001$

Relation of Age of Arrival and Risk of Disorder

Our results indicate that during the time Latinos reside in their country of origin prior to immigration, they are protected against the onset of psychiatric disorders. Hence, the longer they remain in their country of origin, the less cumulative risk of onset of the disorder they experience, resulting in lower lifetime prevalence rates. This is especially true if they remain in their country of origin during ages at which one sees the greatest risk of onset for the disorder (teens and early twenties for depressive and substance-use disorders and childhood and early teens for anxiety disorders).


Factors Related to Risk of Psychiatric Illness
Age & Gender
Individual Level Factors
age, sex, race
religiosity,
Marital Status,
Education
Income
Increased Risk of
Psychiatric Illness
Family Dynamics, Support, Harmony & conflict
Ethnic Identity and Language
as proxies for choice of social networks and construction of self-identity
Environmental Context=
Exposure to Discrimination,
Neighborhood Safety, level
Of unemployment
Sociostructural factors
Proxy for where one is relative
to others in society

Confronting a Negative Social Mirror

- Children's Now found that children associate <u>white characters</u> with: having money, being well educated, being a leader, doing well in school and being intelligent.
- Conversely, they associated <u>minority characters</u> with: breaking the law, being poor, and being lazy

Stereotypes by Providers

- Cooper's data in studying patient-provider communication showed that providers may unintentionally incorporate racial and ethnic stereotypes into their interpretations of patients' symptoms, prediction of patients' behaviors and medical decision-making.
- Short cuts may be necessary given limited exposure or experience w/ particular population.

Racial Disparities in Clinical Trials

“Why are minority groups underrepresented in clinical trials of treatments for HIV infection?… Beliefs, behavior, attitudes, perceptions, and expectations influence both patients and physicians. Moreover, these factors may affect the patient-physician relationship in ways that neither party consciously perceives….

Physicians need to recognize and accept the fact that despite their desire to view each patient objectively and to base decisions on clinical information about that patient, it is often impossible to meet this goal. Limited data suggest that health care providers, like the rest of society, harbor prejudicial attitudes (biases or stereotyping) toward minority groups—particularly blacks. Furthermore, these attitudes may influence a provider’s decisions about treatment. Patients often respond to such attitudes with mistrust of the physician and reluctance to comply with treatment.”

King, T. (2002). Racial Disparities in Clinical Trials. New England Journal of Medicine, 346(18), 1401-1402.

Lack of Screening for MH Problems in Primary Care

- Only 26.04% report ever been asked about alcohol or drugs.
- Only 18.31% report ever been asked about emotions, nerves, or mental health problems.
- Only 8.72% report not being able to communicate w primary care provider in language of choice.
- Of these, only 38.35% say they have interpreter services available.

Policies which contribute to ethnic and racial services disparities and poor mental health

Federal Medicaid Eligibility Restrictions

Personal Work Opportunity and Reconciliation Act of 1996

- Restricts states from using federal funds to provide Medicaid and SCHIP coverage for new immigrants
- Shifts health care costs from the federal to state level
- Differentially affects sub ethnic groups depending on citizenship or refugee status
- Denies legal immigrants access to insurance benefits and mental health services, if less than 5 years in US

State Medicaid Eligibility Restrictions

Increased Eligibility Thresholds

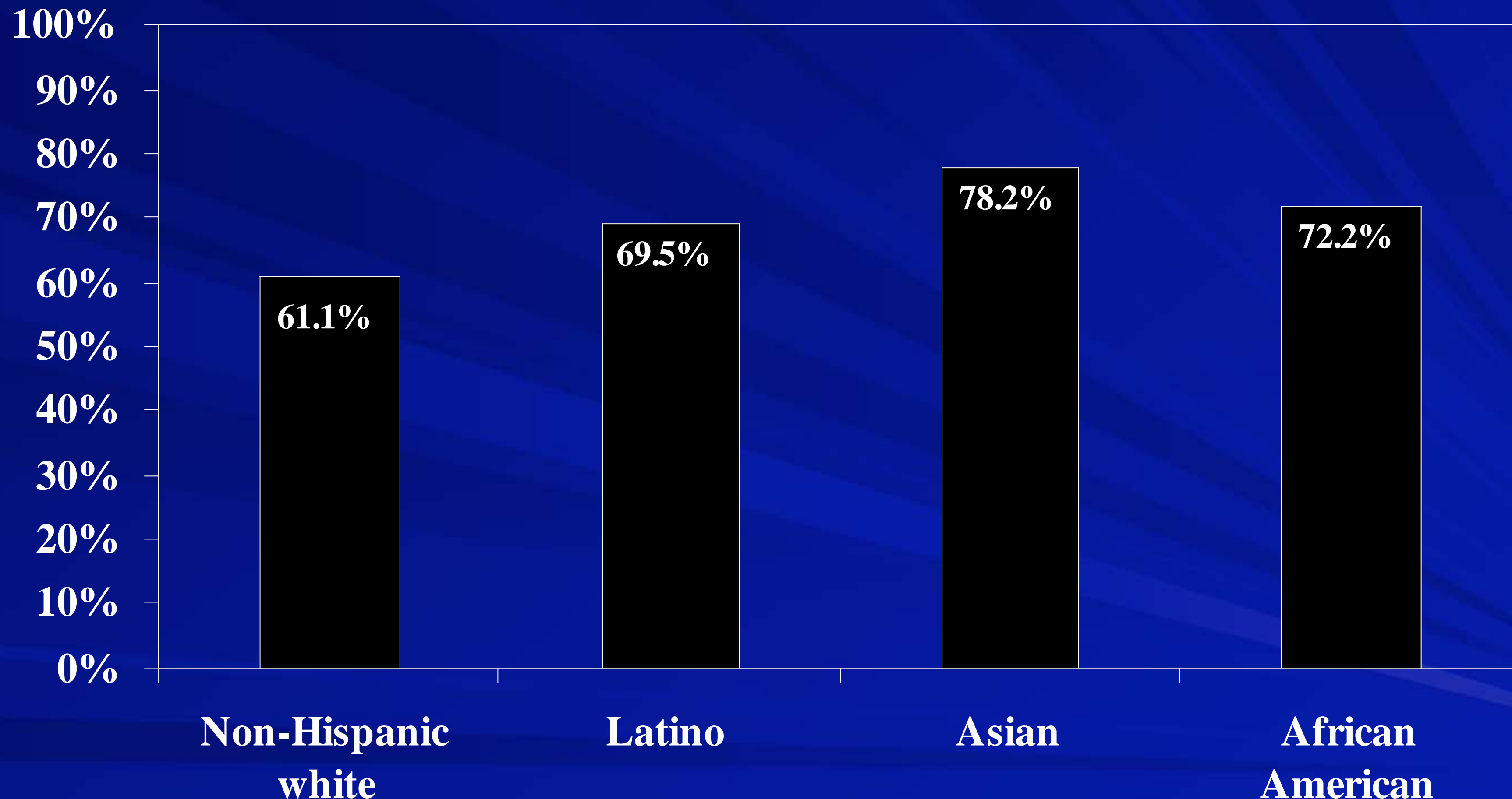
- Although federal legislation mandates criteria for the federal poverty line, states are given flexibility to set their own criteria.
- If states with large immigrant populations are less generous in setting federal poverty line criteria, a disproportionate number of immigrants may remain uninsured.

Adjusted[1] Distribution of Insurance Outcomes for Latinos and Asians (Ages 18-64)

	% Private Insurance	% Public Insurance	% Uninsured
All Latinos[2]	48.1	11.5	40.4
Nativity[3], time in country (y)**			
U.S. born	49.0	14.5	36.4
Immigrant (>5)	49.0	11.2	39.7
Immigrant (≤5)	36.8	4.6	58.6
All Asians[2]	82.5	5.7	11.8
Nativity, time in country (y)			
U.S. born	87.3	4.0	8.7
Immigrant (>5)	82.2	6.3	11.6
Immigrant (≤5)	74.0	6.4	19.6

1 Table gives predicted probabilities from a multinomial logistic regression with the effect of each covariate adjusted to the mean of all other covariates shown in table.
2 Adjusted to the mean of all covariates.
3 Persons born Puerto Rico are US citizens; "US born," "immigrant," and "time in country" refer to mainland birthplace, island birthplace, and time in mainland residence, respectively.
** $p < 0.01$

Levels of Unmet Psychiatric Need by Racial/Ethnic Group (NLAAS/NCS-R combined national sample)



Not receiving Speciality or generalist care in the past 12 months for those with any last year psychiatric disorder

Psychopharmacology (2003) 171:98–104
DOI 10.1007/s00213-003-1630-8

REVIEW

Theresa Miskimen · Humberto Marin · Javier Escobar

Psychopharmacological research ethics: special issues affecting US ethnic minorities

Received: 7 January 2… …ccepted:
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Abstract *Rationale:* This
how minority status and
participation of subjects in cl
research. *Objectives and metho*
performed using key words "cli
gy trials", "psychiatric ethics"
Major goals of this review w
knowledge base and identify ex
new area of psychiatric resear
extremely few papers addressing
references to minority groups
and many of these were extr
patients from work done on m
found no empirical studies don
tions. *Conclusions:* Systematic,
studies are needed to elucidate
ethnicity impact on such issue

Evelyn and colleagues (2001) reviewed the representation of minorities participating in clinical trials that had been submitted to the Food and Drug Administration (FDA) between 1 January 1995, and 31 December 1999, for approval of new drugs. The review determined that, when race could be determined from the records (53% of all trials), 88% of the participants were reported to be white, 8% African-American, 3% Hispanic, and 1% or less 'other minorities.' Moreover, it was observed that there had been a steady decline in the participation of minority groups over time."

Education Policies Affecting Service Provision to Immigrant/Minority Children

- School administrative policies regarding early intervention and labeling of immigrant children to SPED because no alternative mechanism to get care.
- Other studies (Horn, 2003) demonstrate that African American and Latino youth are being retained in grade at almost four times the rate of non-Latino white and Asian students because they greatly underperformed relative to their white and Asian peers on state-mandated test for promotion.
- Inadequate teacher training to address behavioral and learning problems for children with complex issues (non-English speaking).

Income Policies

- Over the last 30 years, lifetime earning inequality and earning instability has increased for minorities
- Latinos are 1.5 times more likely to undergo involuntary unemployment than the workforce as a whole
- Immigrants live mainly in urban areas are particularly vulnerable to industrial restructuring and its impact in decreased employment as low skilled jobs move to suburbs

Social Conditions as Determinants of MH Status and Public Policy as an Instrument to Improve MH

- IOM estimates that only 5 yrs. of the 35 yr. increase in life expectancy over past century due to health care. Greatest impact in reducing health differentials is in social and market policies-forces that change social conditions of those in lower echelons of society. We estimate this logic, given that Dx are approximately 2 times more prevalent for those in low SES as compared to high SES.

The Role of Social Policies in Reducing Mental Health Disparities for People of Color, Alegria, Perez and Williams, Health Affairs, 2003

Importance of policy interventions to reduce mental health disparities and integrate immigrants

Higher risk for mental disorders appears linked to adverse life circumstances

- Youth in low SES neighborhoods perceive more ambient hazard and threat, linked to greater likelihood of depression, anxiety, OCD and conduct Dx.
- Having less that HS education is associated w twice the risk of having functional limitation later in life, even after healthy lifestyle factors are controlled.
- Employment improved mh status more than employment loss decreased it (Murphy and Athanasou, 2002 in review of 16 longitudinal studies)
- Public policies that provide better housing, augment jobs and promote education could reduce mental health disparities.

Public Housing Interventions

Improving housing conditions could have a direct effect on mental health by:

- Reducing rates of anxiety and depression
- Increasing community resources and allowing greater integration in non-poor communities
- Increasing safety in neighborhoods

Education Interventions

Improving education opportunities could have a direct effect on mental health by:

- Increasing one’s resources to cope with adversity
- Increasing a sense of control over one’s destiny
- Decreasing the risk of having a functional limitation later in life, even after controlling for health lifestyle factors

Recommended mechanisms to deal with MH Service Disparities

- Restructuring of Service Sectors and Changing Recertification of Provider Organizations for Public contracts
- Reforming health policies to make them sensitive to needs of immigrants
- Training and monitoring to avoid stereotypes, prejudice and clinical uncertainty (e.g. cultural liaisons)-Stigma campaigns

Integrating Immigrants and Reducing Social Inequities: Policy Considerations

- Workforce development services
- Improving school performance
- Adult education to improve health conditions
- Food assistance
- Housing assistance
- Translation and interpreter services
- Increasing access to public benefits (Medicaid)