

Immigration and Mental Health: Diverse Findings in Asian, Black, and Latino Populations

Immigration has deeply transformed the racial and ethnic composition of the United States. Over the past 3 decades, the immigration of people from Mexico and South American and Latin American countries has resulted in Latinos becoming the largest ethnic minority population, totaling 12.5% of the US population. Although Asian Americans do not match the population size of Latinos, they have grown at the fastest rate of any major racial category and make up nearly 4% of the US population. Black immigrants have not received the same attention as Latino or Asian immigrants, but they contribute significantly to an increasingly diversified US Black population; Blacks from the Caribbean are the largest subgroup of immigrants, constituting slightly more than 4% of the national Black population. In some major cities, such as New York, Boston, and Miami, Black immigrants are more than one fourth of the entire Black population.¹⁻⁵

DO IMMIGRANTS HAVE POORER MENTAL HEALTH THAN NONIMMIGRANTS?

Despite the increasing visibility of Asian, Latino, and Black immigrants in communities across the country, little is understood about their health, especially their mental health. The lack of health data about immigrants has become a critical issue as community agencies move to become responsive to the pressing needs of immigrants who come from different cultures and often speak little or no English. Over the past

century, immigration has been linked to mental health, but the nature of this association has changed over time. Early notions of immigration and mental health were built on the premise that immigrants encountered difficulties and obstacles as they made their way into a new society.^{6,7} These hardships may have included problems finding quality jobs in safe work environments, encountering fewer opportunities to enhance incomes and build wealth, and engaging in a smaller set of social networks that provide instrumental and emotional support. Because all of these factors are associated in some direct or indirect way with health, early researchers considered immigrants to be at greater risk for mental health problems than their US-born counterparts. As immigrants adjusted to life in the United States, researchers expected the risk for mental health problems to decrease. Much of the data for these expectations came from hospital or clinic records, which tended to show that immigrants were overrepresented in these facilities. These types of data reflect only treatment samples and excluded the large segment of immigrants who did not seek treatment.

DO IMMIGRANTS HAVE BETTER MENTAL HEALTH THAN NONIMMIGRANTS?

More recently, empirical studies have shown that at least some immigrant groups may experience better mental health than US-born individuals.⁸⁻¹⁰ As they

participate actively in American life, immigrants become more similar to US-born individuals in their mental health status. That is, for some immigrant groups, their mental health becomes worse as they become more integrated with American culture, values, and lifestyles. Much of these insights have been gained from survey research conducted using community or national samples. However, the generalizability of this pattern across Latino, Asian, and Black immigrants has been unclear. Past incongruities may be, in part, attributed to the use of different sampling designs, measures of mental health, and study methods.

COLLABORATIVE PSYCHIATRIC EPIDEMIOLOGICAL STUDIES

In the special research forum section of this issue of the Journal, "National Health Surveys Examining Disparities," we begin to address some past deficiencies by examining, in integrated, nationally representative samples of Asians, Blacks, and Latinos, how different facets of the immigration experience are associated with psychiatric disorders and the use of mental health services. These analyses provide a previously unavailable glimpse of how migration status measurements, such as nativity, generation, English-language proficiency and years of residence in the United States, measured in a similar fashion, are associated with mental disorders and service use for multiple racial and

ethnic populations. The research forum includes a set of 3 articles that focus on psychiatric disorders and an additional set of 3 articles that examine the use of mental health services. It is the first time that common analyses across national samples of Asians, Blacks, and Latinos have been published.

The articles in this section demonstrate the utility of comparisons across different racial and ethnic groups. Two observations may be useful as findings are compared across these 3 studies. First, the measures of immigration that are associated with mental health are not consistent across the different samples. Second, gender seems to play an important role in understanding how immigration is linked to mental health, although the findings vary across Blacks, Asians, and Latinos. These initial findings suggest that the processes of adaptation, adjustment, and incorporation into society are not uniform for different groups. These findings also highlight the large diversity among immigrants that is often not systematically investigated in empirical studies. Future studies would do well to include multiple indicators that capture the immigration experience and to investigate more fully the heterogeneity within immigrant groups (e.g., ethnicity, gender, socioeconomic status, and neighborhood contexts).

PURPOSE OF THE RESEARCH FORUM

This research forum is a result of a collaborative effort among 3 teams of investigators across multiple institutions. The Collaborative Psychiatric Epidemiological Studies include the

National Survey of American Lives (NSAL), the National Latino and Asian American Study (NLAAS), and the National Comorbidity Study Replication (NCS-R). The NLAAS includes separate national probability samples of Latinos and Asian Americans. Because the NSAL and NLAAS had a primary focus on race, ethnicity, and nativity, only data drawn from these studies are included in the special section. Descriptions of the NSAL and NLAAS are included in the individual articles on these studies. The Collaborative Psychiatric Epidemiological Studies collaborators agreed on which variables were to be included in the analyses, how the variables should be coded, the types of analyses to be conducted, and how the analyses were reported in the final articles. The coding of variables may not be ideal for all samples, but the common analyses provided a unique opportunity to compare how the same measures were associated with psychiatric disorders and the use of mental health services across Black, Latino, and Asian immigrant populations. Accordingly, the true value of each individual article is in the advantage gained in comparing the findings across multiple racial and ethnic groups.

FUTURE RESEARCH

More collaborative analyses are planned across the different studies, fulfilling the potential to build a cohesive view of mental health issues confronting immigrants. What is even more exciting is that the data sets will be publicly released over the next year. We anticipate that the public release of the data will

generate keen scientific interest in disentangling how race, ethnicity, and nativity are associated with various facets of mental health and help-seeking. Because the data sets have the capacity to highlight critical issues in Black, Latino, and Asian communities, we also expect that the data sets will be useful to train more scientists from racial and ethnic minority groups to examine mental health and help-seeking in diverse communities. Ethnic diversity in health and help-seeking is becoming a central issue in understanding health care and health care disparities. The type of national data illustrated by these studies and a cadre of new scientists trained to thoroughly investigate these issues will be paramount to mental health research, service delivery, and public policy. ■

David T. Takeuchi, PhD
Margarita Alegria, PhD
James S. Jackson, PhD
David R. Williams, PhD

About the Authors

David T. Takeuchi is with the University of Washington, Seattle. Margarita Alegria is with the Cambridge Health Alliance, Cambridge, Mass, and the Harvard Medical School, Boston, Mass. James S. Jackson and David R. Williams are with the University of Michigan, Ann Arbor. David R. Williams is also with the Harvard University School of Public Health, Boston, Mass.

Requests for reprints should be sent to David T. Takeuchi, PhD, University of Washington, Box 354900, 4101 15th Ave NE, Seattle, WA 98105 (e-mail: dt5@u.washington.edu).

This article was accepted October 2, 2006.

doi:10.2105/AJPH.2006.103911

Contributors

D. T. Takeuchi took the lead in developing the research forum and in drafting this editorial comment. M. Alegria, J. S. Jackson, and D. R. Williams contributed equally to editing the research forum and writing the editorial.

Acknowledgments

The Office of Behavioral and Social Science Research provided funding for this special section. The idea for this special section came during meetings sponsored by the Family Research Consortium IV (grant U01-MH059902).

We gratefully appreciate Mary Northridge, the associate editors, and staff for their spirit of collegiality and collaboration throughout this entire process.

Human Participant Protection

No protocol approval was needed for this editorial.

References

- Muller T. *Immigrants and the American City*. New York, NY: New York University; 1993.
- Census Bureau projects tripling of Hispanic and Asian populations in 50 years: non-Hispanic whites may drop to half of total population [press release]. Washington, DC: US Census Bureau; March 18, 2004.
- Schmidley AD, Gibson C. *Profile of the Foreign-Born Population in the United States*. Washington, DC: US Government Printing Office; 1999. US Census Bureau Current Population Reports, Series P23-195.
- Logan JR, Deane G. Black diversity in metropolitan America. University at Albany, NY: Lewis Mumford Center for Comparative Urban and Regional Research; 2003.
- Census 2000 Summary File 3 (SF 3)*. Washington, DC: US Bureau of the Census.
- Fabrega H. Social psychiatric aspects of acculturation and migration: a general statement. *Compr Psychiatry*. 1969;10:314-392.
- Locke B, Kramer M, Pasamanick B. Immigration and insanity. *Public Health Rep*. 1960;75:301-306.
- Burnam MA, Hough RL, Karno M, Escobar JI, Telles CA. Acculturation and lifetime prevalence of psychiatric disorders among Mexican Americans in Los Angeles. *J Health Soc Behav*. 1987;28:89-102.
- Vega WA, Kolody B, Aguilar-Gaxiola S, Alderete E, Catalano R, Caraveo-Anduaga J. Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican-Americans in California. *Arch Gen Psychiatry*. 1998; 55:771-778.
- Takeuchi D, Chung R, Lin K, et al. Lifetime and twelve-month prevalence rates of major depressive episodes and dysthymia among Chinese Americans in Los Angeles. *Am J Psychiatry*. 1998; 155:1407-1414.