Introduction

The number of Latinos in the United States is rising rapidly, and the Hispanic population is expected to constitute 10% of the US population by 2050 (US Census Bureau, 2010). The publication of the National Latino and Asian American Study (NLAAS, 2004), the first representative household survey on the mental health of Latino and Asian Americans living in the US, has greatly increased researchers’ ability to generalize about this minority population, as well as about specific Latino sub-groups. Research on the mental health of this population has also increased in the wake of the release of the NLAAS (NLAAS, 2004; Algría et al., 2008). However, research to-date has yielded little gender-specific research with regards to Latin-American mental health. The current findings represent gender-disaggregated results of psychosocial factors predicting Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Suicide Ideations (SI) in Latin-American males and females. It is hypothesized that Latinos and Latinas would differ with regards to predictors of these major mental health disorders. We are especially interested in the influence of positive and negative family factors given the emphasis on family in the collectivist Latino culture.

Methods

Data Source: NLAAS, N=2,554

Sample: The sample represents 2,554 individuals aged 18 or above who self-identified as Hispanic and lived in the US. 1,427 of this sample was female, and 1,127 were male. The combined sample consisted of Cubans (N=301), Mexicans (N=478), Puerto Ricans (N=282), and “other Latinos” (N=444), 1,427 of this sample was female, and 1,127 were male.

Dependent Variables: presence or absence of Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Suicide Ideation (SI).

Independent Variables in Model I (Step 1): Age, Education, Income, Employment Status, English Proficiency, US-born, Levels in the US, and the US Census Bureau’s definition of the exact cause for these major gender-specific differences in mental health. The results of the two studies imply that the presence of mental health symptoms may be different in men and women, while length of staying in the US is associated with acculturation stress were shown to predict SI in men but not in women. Discrimination contributed to MDD and SI of women. Finally, English proficiency and acculturation stress were shown to predict SI in men but not in women, while length of staying in the US is associated with SI in both genders.

Further research needs to be done in order to determine the exact cause for these major gender-specific differences in mental health. The results of the two studies imply that the presence of mental health symptoms may be different in men and women, while length of staying in the US is associated with acculturation stress were shown to predict SI in men but not in women. Discrimination contributed to MDD and SI of women. Finally, English proficiency and acculturation stress were shown to predict SI in men but not in women, while length of staying in the US is associated with SI in both genders.

Results

1. None of the independent variables significantly predicted MDD in Latinos.
2. In Latinos, Negative Family Interactions was identified as a positive predictor of GAD, and family cohesion was viewed to be protective against GAD.
3. Both Negative Family Interactions and Disruption correlated positively with SI in Latinos.
4. In Latinos, Negative Family Interactions was the only psychosocial factor that significantly predicted MDD.
5. None of the psychosocial factors analyzed were shown to predict GAD or SI in Latinos.

A post hoc analysis showed that Latinos were two to three times more likely to report symptoms that could be diagnosed as MDD, GAD, or SI than Latinos.

References


The findings of these studies show a significant link between Family Interactions and the prevalence of MDD, GAD, and SI in both Latin-American men and women. Interestingly, however, negative family interactions predict MDD and SI in Latin women, while such interactions predict GAD and SI in men. Yet, family coherence appears to protect against GAD in Latin women. The mixed findings imply that men and women respond to negative family interactions in different ways psychologically, which may have implications for gender-specific interventions. The study’s findings also suggest that being born in the US and acculturation stress increase GAD in men but not in women. Discrimination contributed to MDD and SI of women. Finally, English proficiency and acculturation stress were shown to predict SI in men but not in women, while length of staying in the US is associated with SI in both genders.

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Additional Independent Variables in Model II (Step 2): Religious Attendance, Social Support, Negative Family Interactions, Family Cohesion, and Racial and Ethnic Identity

Statistical Analyses: Descriptive analyses, bivariate correlations, and multivariate binary logistic regression analyses were computed for the three dependent variables.

Software: Stata 10 (StataCorp LP)